

**IN THE UNITED STATES DISTRICT COURT  
FOR THE  
SOUTHERN DISTRICT OF NEW YORK**

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ANTHONY SERRANO

Petitioner,

VS.

Case No.: S3 13-cr-00058-KBF-18

UNITED STATES OF AMERICA

Respondent.

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**MOTION FOR A REDUCTION IN SENTENCE PURSUANT TO THE  
FIRST STEP ACT AND THE CHANGES TO THE COMPASSIONATE  
RELEASE STATUTE AND 18 U.S.C. § 3582(c)(1)(A)(i)**

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Mr. Serrano moves this court pro-se for an order granting a reduction of sentence to time served based on the extraordinary and compelling reasons outlined below.

**CASE HISTORY**

Mr. Serrano was arrested and charged with violating 21 U.S.C. § 846, § 841; 18 U.S.C. § 1951, and 18 U.S.C. § 924(c). He was specifically charged with Narcotics Trafficking, Interference with Commerce, and Possession of a Weapon.

Serrano was convicted of those charges and the Court subsequently imposed a term of 264 months imprisonment.

## **ARGUMENT**

This is a case that presents extraordinary and compelling reasons militating for a reduction in sentence to time served. One of the biggest factors in this case is the fact that Mr. Serrano is susceptible to death in the event he contracts the COVID-19 virus. This is due to his underlying medical conditions that include Sleep Apnea, Hypertension / High BP, Pre-Diabetes, Metabolic Disorder, Chronic LE Edema, High Cholesterol, and Obesity – BMI 44.8, See Exhibit A. These conditions place Mr. Serrano in a high-risk category of death if he were to contract the virus.

Most recently, two Judges in this district granted compassionate release motions for similar reasons as the one before the Court in Serrano's case. See *United States v. Gerard Scparta*, No. 18 Cr. 578 (AJN), ECF Dkt. 69 (S.D.N.Y. Apr. 19, 2020), Judge Nathan granted a compassionate release motion of a 55-year old defendant who suffers from high blood pressure, high cholesterol, sleep apnea, and hypertension. The court found that it could waive § 3582(c)(1)(A)'s 30-day waiting period and hear the motion, and describes FCI Butner's "Kafkaesque" "14-day quarantine" process—which is neither a true "quarantine" nor actually limited to 14 days—before releasing inmates to home confinement.

In *United States v. Jeffrey Musumeci*, No. 07 Cr. 402 (RMB), ECF Dkt. 58 (S.D.N.Y. Apr. 28, 2020), Judge Berman similarly granted a contested compassionate release motion, based on the defendant's medical conditions, including diabetes and high blood pressure.

The Federal Bureau of Prisons has failed miserably in protecting federal prisoners from becoming infected, See Exhibit B. There is no doubt that a second wave of the virus is surging at this time. Courts across the nation have been releasing federal prisoners under 18 U.S.C. § 3582 motions based on the pandemic and danger to prisoners. One Court recently observed in granting a compassionate release motion, “[p]risons are tinderboxes for infectious disease,” and “every day, outbreaks are appearing in new facilities.” *United States v. Rodriguez*, No. 2-03-CR-00271-AB-1 (E.D., Apr. 1, 2020), See also *United States v. Hansen* 17-CR-50062 (ND Illinois 5-7-20); in which the court held, that even though there was no confirmed Covid-19 prisoner cases at the Terre Haute prison it would reduce Hansen's sentence to time served.

This Court can and should consider the current pandemic in conjunction with the other reasons outlined below in deciding whether to reduce Mr. Serrano's current 264-month prison term.

This Court can and should also consider Serrano's extraordinary rehabilitation as well. Since his incarceration he has completed numerous rehabilitative programs. Mr. Serrano knew that when he entered prison, he needed to do a dramatic character change and he set out on that mission. His efforts at rehabilitation show his commitment to changing his life, See Exhibit C.

Serrano also has a 13-year-old son, Jager, who has no stable living situation, nor a stable care provider. The mother, Linda, is currently on public assistance, and trying to provide for Jager has become exceptionally difficult both mentally and financially. However, she is struggling to do so and, in those struggles, the child does not have a stable home or the care that he needs, See Exhibit D.

**I. THIS COURT HAS AUTHORITY TO RESENTENCE MR. SERRANO UNDER § 3582(C)(1)(A)(i) FOR THE EXTRAORDINARY AND COMPELLING REASONS PRESENTED HERE.**

With the changes made to the compassionate release statute by the First Step Act, courts need not await a motion from the Director of BOP to resentence prisoners to time served under 18 U.S.C. § 3582(c)(1)(A)(i) for "extraordinary and compelling reasons," and the reasons that can justify resentencing need not involve only medical, elderly, or family circumstances.

**A. When Congress originally enacted § 3582 in 1984, it intended for district courts to reduce sentences for prisoners on the basis of extraordinary and compelling reasons not limited to medical, family, or elderly circumstances.**

Congress first enacted the modern form of the compassionate release statute contained in 18 U.S.C. § 3582 as part of the Comprehensive Crime Control Act of 1984. Section 3582(c) states that a district court can modify even a final “term of imprisonment” in four situations, the broadest of which is directly relevant here. A sentencing court can reduce a sentence if and whenever “extraordinary and compelling reasons warrant such a reduction.” 18 U.S.C. § 3582(c)(1)(A)(i). In 1984, Congress conditioned the reduction of sentences on the BOP Director filing an initial motion in the sentencing court; absent such a motion, sentencing courts had no authority to modify a prisoner’s sentence for extraordinary and compelling reasons. *Id.*

Congress never defined what constitutes an “*extraordinary and compelling reason*” for resentencing under § 3582(c). But the legislative history gives an indication of how Congress thought the statute should be employed by federal courts. One of Congress’s initial goals in passing the Comprehensive Crime Control Act was to abolish federal parole and create a “completely restructured guidelines sentencing system.” S. Rep. No. 98-225, at 52, 53 n.74 (1983). Yet, recognizing that parole historically played

a key role in responding to changed circumstances, the Senate Committee stressed how some individual cases may still warrant a second look at resentencing:

The Committee believes that there may be unusual cases in which an eventual reduction in the length of a term of imprisonment is justified by changed circumstances. These would include cases of severe illness, cases in which **other extraordinary and compelling circumstances justify a reduction of an unusually long sentence**, and some cases in which the sentencing guidelines for the offense of which the defender was convicted have been later amended to provide a shorter term of imprisonment.

*Id.* at 55–56 (emphasis added). Rather than having the Parole Commission review every federal sentence focused only on an offender’s rehabilitation, Congress decided that § 3582(c) could and would enable courts to decide, in individual cases, if “*there is a justification for reducing a term of imprisonment.*” *Id.* at 56.

Congress intended for the situations listed in § 3582(c) to act as “*safety valves for modification of sentences,*” *id.* at 121, that enabled sentence reductions when justified by various factors that previously could have been addressed through the (now abolished) parole system. This particular safety valve would “*assure the availability of specific review and reduction to a term of imprisonment for ‘extraordinary and compelling reasons’ and [would allow courts] to respond to changes in the guidelines.*” *Id.* Noting that this approach

would keep “*the sentencing power in the judiciary where it belongs,*” rather than with a federal parole board, the statute permitted “*later review of sentences in particularly compelling situations.*” *Id.* (emphasis added).

Congress thus intended to give federal sentencing courts an equitable power that would be employed on an individualized basis to correct fundamentally unfair sentences. And there is no indication that Congress limited the safety valve of § 3582(c)(1)(A) to medical or elderly release; if extraordinary and compelling circumstances were present, they could be used to “justify a reduction of an unusually long sentence.” S. Rep No. 98-225, at 55–56.

**B. The U.S. Sentencing Commission concluded that § 3582(c)(1)(A)’s “*extraordinary and compelling reasons*” for compassionate release are not limited to medical, elderly, or family circumstances.**

Congress initially delegated the responsibility for determining what constitutes “*extraordinary and compelling reasons*” to the U.S. Sentencing Commission (“Commission”). See 28 U.S.C. § 994(t) (“The Commission . . . shall describe what should be considered extraordinary and compelling reasons for sentence reduction, including the criteria to be applied and a list of specific examples.”). Congress provided only one limitation to that delegation of authority: “[r]ehabilitation of the defendant *alone* shall not be considered an extraordinary and compelling reason.” 28 U.S.C. § 994(t)

(emphasis added). Congress no doubt limited the ability of rehabilitation *alone* to constitute extraordinary circumstances so that sentencing courts could not use it as a full and direct substitute for the abolished parole system. Congress, however, contemplated that rehabilitation could be considered with other extraordinary and compelling reasons sufficient to resentence people in individual cases. Indeed, the use of the modifier “alone” signifies just the opposite: that rehabilitation could be used in tandem with other factors to justify a reduction.

The Commission initially neglected its duty, leaving the BOP to fill the void and create the standards for extraordinary and compelling reasons warranting resentencing under § 3582(c)(1)(A). The Commission finally acted in 2007, promulgating a policy that extraordinary and compelling reasons includes medical conditions, age, family circumstances, and “other reasons.” U.S.S.G. § 1B1.13, application note 1(A). After a negative DOJ Inspector General report found that the BOP had rarely moved courts for a § 3582(c)(1)(A) modification even for prisoners who met the objective criteria, see, U.S. Dep’t of Justice Office of the Inspector General, *The Federal Bureau of Prisons’ Compassionate Release Program* (Apr. 2013) (“FBOP Compassionate Release Program”), the Commission amended its policy statement, expanding the guidance to courts on qualifying



conditions and admonishing the BOP to file motions for compassionate release whenever a prisoner was found to meet the objective criteria in U.S.S.G. § 1B1.13. *Id.* at application note 4; see, also *United States v. Dimasi*, 220 F. Supp. 3d 173, 175 (D. Mass. 2016) (discussing the progression from the OIG report to new “encouraging” guidelines).

The Commission created several categories of qualifying reasons: (A) “Medical Conditions of the Defendant,” including terminal illness and other serious conditions and impairments; (B) “Age of the Defendant,” for those 65 and older with serious deterioration related to aging who have completed at least 10 years or 75 percent of the term of imprisonment; (C) “Family Circumstances,” where a child’s caregiver or spouse dies or becomes incapacitated without an alternative caregiver; and (D) “Other Reasons,” when the Director of the BOP determines there is “an extraordinary and compelling reason other than, or in combination with, the reasons described in subdivisions (A) through (C).” *Id.*, application note 1(A). The Commission also clarified that the extraordinary and compelling reasons “need not have been unforeseen at the time of sentencing in order to warrant a reduction in the term of imprisonment.” U.S.S.G. § 1B1.13, application note 2. In other words, even if an “extraordinary and compelling reason reasonably could have been known or anticipated by the

sentencing court, [that fact] does not preclude consideration for a [sentence] reduction.” *Id.*

Consistent with the text and legislative history of § 3582(c), the Commission concluded that reasons beyond medical, age, and family circumstances could qualify as “*extraordinary or compelling reasons*” for resentencing, and that the extraordinary or compelling reasons need not be based on changed circumstances occurring after the initial sentencing of the defendant.

**C. Through the First Step Act, Congress changed the process for compassionate release based on criticism of BOP’s inadequate use of its authority, returning to the federal judiciary the authority to act on its own to reduce sentences for “*extraordinary and compelling reasons.*”**

Prior to Congress passing the First Step Act, the process for compassionate release under § 3582(c)(1)(A) was as follows: the U.S. Sentencing Commission set the criteria for resentencing relief under § 3582(c), and the only way a sentencing court could reduce a sentence was if the BOP Director initiated and filed a motion in the sentencing court. See, PL 98–473 (HJRes 648), PL 98–473, 98 Stat 1837 (Oct. 12, 1984). If such a motion was filed, the sentencing court could then decide where “*the reduction was justified by ‘extraordinary and compelling reasons’ and was consistent with applicable policy statements issued by the Sentencing Commission.*” *Id.* So, even if a

federal prisoner qualified under the Commission's definition of extraordinary and compelling reasons, without the BOP Director's filing a motion, the sentencing court had no authority to reduce the sentence, and the prisoner was unable to secure a sentence reduction. This process meant that, practically, the BOP Director both initiated the process and set the criteria for whatever federal prisoner's circumstances the Director decided to move upon.

Leaving the BOP Director with ultimate authority for triggering and setting the criteria for sentence reductions under § 3582(c)(1)(A) created several problems. The Office of the Inspector General found that the BOP failed: a) to provide adequate guidance to staff on the criteria for compassionate release; b) to set time lines for reviewing compassionate release requests; c) to create formal procedures for informing prisoners about compassionate release; and d) to generate a system for tracking compassionate release requests. See, *FBOP Compassionate Release Program*, at i–iv. As a result of these problems, the OIG concluded that “BOP does not properly manage the compassionate release program, resulting in inmates who may be eligible candidates for release not being considered.” *Id.*; see, generally Stephen R. Sady & Lynn Deffebach, *Second Look Resentencing Under 18 U.S.C. § 3582(c) as an Example of Bureau of Prisons Policies That Result in Overincarceration*, 21 Fed. Sent. Rptr. 167 (Feb. 2009).

Congress heard those complaints. In late 2018, Congress passed the First Step Act, part of which transformed the process for compassionate release under § 3582(c)(1)(A). See, P.L. 115-391, 132 Stat. 5194, at § 603 (Dec. 21, 2018). Section 603 of the First Step Act changed the process by which § 3582(c)(1)(A) compassionate release occurs: instead of depending upon the BOP Director to determine an extraordinary circumstance and then move for release, a court can now resentence “upon motion of the defendant,” if the defendant has fully exhausted all administrative remedies, “or the lapse of 30 days from the receipt of such a request by the warden of the defendant’s facility, whichever is earlier.” 18 U.S.C. § 3582(c)(1)(A). Once the defendant who has properly exhausted files a motion, a court may, after considering the 18 U.S.C. § 3553(a) factors, resentence a defendant, if the court finds that extraordinary and compelling reasons warrant a reduction. *Id.* Any reduction of a sentence that a court orders must also be “consistent with applicable policy statements issued by the Sentencing Commission.” *Id.* The effect of these new changes is to allow federal judges the ability to move on a prisoner’s compassionate release application even in the face of BOP opposition or its failure to respond to a prisoner’s request for compassionate release in a timely manner.

Congress made these changes in an effort to expand the use of compassionate release sentence reductions under § 3582(c)(1)(A). Congress labeled these changes, “*Increasing the Use and Transparency of Compassionate Release.*” 164 Cong. Rec. H10346, H10358 (2018) (emphasis added). Senator Cardin noted in the record that the First Step Act made several reforms to the federal prison system, including that “[t]he bill *expands compassionate release* under the Second Chance Act and expedites compassionate release applications.” 164 Cong. R. 199, at S7774 (Dec. 18, 2018) (emphasis added). In the House, Representative Nadler noted that First Step included “a number of very positive changes, such as . . . *improving application of compassionate release*, and providing other measures to improve the welfare of Federal inmates.” 164 Cong. Rec. H10346-04, 164 Cong. Rec. H10346-04, H10362 (Dec. 20, 2018) (emphasis added).

Federal judges now have the power to order reductions of sentences even in the face of BOP resistance or delay in the processing of applications. The legislative history leading up to the enactment of the First Step Act establishes that Congress intended the judiciary not only to take on the role that BOP once held under the pre- First Step Act compassionate release statute as the essential adjudicator of compassionate release requests, but also to grant sentence

reductions on the full array of grounds reasonably encompassed by the “extraordinary and compelling” standard set forth in the applicable statute.

**D. Statutory text defines judicial sentence reduction authority around “*extraordinary and compelling reasons*,” and the policy statements of the U.S. Sentencing Commission under § 1B1.13 do not preclude this Court from resentencing petitioner.**

Once a prisoner has properly pursued administrative remedies and filed a motion for compassionate release, a federal court possesses authority to reduce a sentence if and whenever the court finds “extraordinary and compelling reasons warrant such a reduction.” A court must consider the 18 U.S.C. § 3553(a) sentencing factors in reducing any sentence, and any reduction of a sentence that a court orders must also be “consistent with applicable policy statements issued by the Sentencing Commission.” 18 U.S.C. § 3582(c)(1)(A).

As noted above, the Sentencing Commission created a catch-all provision for compassionate release under U.S.S.G. § 1B1.13, application note (1)(D), which states:

**Other Reasons.** — As determined by the Director of the Bureau of Prisons, there exists in the defendant’s case an extraordinary and compelling reason other than, or in combination with, the reasons described in subdivisions (A) through (C).

The Commission also stated the process by which compassionate release reductions should be decided:

Motion by the Director of the Bureau of Prisons. — A reduction under this policy statement may be granted only upon motion by the Director of the Bureau of Prisons pursuant to 18 U.S.C. § 3582(c)(1)(A).

U.S.S.G. § 1B1.13, application note 4.

The dependence on BOP in these policy statements is a relic of the prior procedure that is now inconsistent with the First Step Act's amendment of § 3582(c)(1)(A). Application note 1(D) can no longer limit judicial authority to cases with an initial determination by the BOP Director that a prisoner's case presents extraordinary or compelling reasons for a reduction, because the First Step Act has expressed allows courts to consider and grant sentence reductions even in the face of an adverse or unresolved BOP determination concerning whether a prisoner's case is extraordinary or compelling. See, 18 U.S.C. § 3582(c)(1)(A), as amended by P.L. 115-391 § 503 (Dec. 21, 2018). And the Commission's now-dated statement indicating that the BOP must file a motion in order for a court to consider a compassionate release sentence reduction no longer controls in the face of the new statutory text enacted explicitly to allow a court to consider a reduction even in the absence of a BOP motion. *Id.* With the First Step Act, Congress decided that federal judges are no longer constrained or controlled by how the BOP Director sets its criteria for what

constitutes extraordinary and compelling reasons for a sentence reduction. Consequently, those sections of the application notes requiring a BOP determination or motion are not binding on courts. See *Stinson v. United States*, 508 U.S. 36, 38 (1993) (“We decide that commentary in the Guidelines Manual that interprets or explains a guideline is authoritative unless it violates the Constitution or a federal statute, or is inconsistent with, or a plainly erroneous reading of, that guideline.”). Put differently, now that the First Step Act has recast the procedural requirements for a sentence reduction, even if a court finds there exists an extraordinary and compelling reason for a sentence reduction without the BOP Director’s initial determination, then the sentence reduction is not inconsistent “with the applicable policy statements issued by the Sentencing Commission.” 18 U.S.C. § 3582(c)(1)(A).

Most recently, Federal District Court Judge Laurie Smith-Camp reduced a stacked 924(c) sentence by 40 years, finding that in light of the First Step Act, she was entitled to do so. See, *United States v. Urkevich*, 2019 WL 6037391, (D. Neb. 11-14-19).

See also, *United States v. Redd*, 2020 WL 1248493 (E.D.Va. Mar. 16, 2020) in which Judge Anthony J. Trenga, in a very thorough decision outlined that the First Step Act granted authority to district courts to make



findings as to what extraordinary and compelling reasons are, and to reduce sentences if those findings were made.

In *United States v. Maumau*, 2020 WL 80621 (2-18-20), U.S. District Court Judge Tena Campbell found that extraordinary and compelling reasons existed to reduce *Maumau's* sentence. Two of those reasons were the extraordinarily lengthy sentence that was initially imposed, and the defendant's young age at the time of the crime and sentencing. See also, *United States v. Young*, 2020 WL 1047815, at \*6 (M.D. Tenn. Mar. 4, 2020). *United States v. Chad Marks*, 03-CR-6033-L, 2020 WL 1908911 (W.D.N.Y. April 20, 2020), finding that the Court had the authority to determine what extraordinary and compelling reasons were in reducing 40 year stacked 924 (c) sentence to 20 years.

**E. MR. SERRANO HAS EXTRAORDINARY AND COMPELLING REASONS WHY HIS SENTENCE SHOULD BE REDUCED.**

Many courts across the country have found that the First Step Act has restored power to the people in the best position to decide if a reduction in sentence is appropriate – Federal Sentencing Judges.

Serrano submits that he is no longer a threat to public safety. The biggest indication of that is his dramatic character change and rehabilitation. Serrano is not just asking this Court to release him, but rather

for a second chance to reclaim his life. To be the son, father, husband, brother, uncle, and law-abiding citizen he was meant to be. The issues before this Court demonstrate that there are extraordinary and compelling reasons to reduce the sentence. Those factors as mentioned above are the danger that Serrano is facing in light of the COVID-19 pandemic, his medical condition, his rehabilitation, and the fact that his child Jager has no primary care provider.

The COVID-19 issues in conjunction with Serrano's health conditions are the biggest factor in this case as it could turn the 264-month term of imprisonment into a death sentence. The spread of the COVID-19 virus across the country threatens us with unprecedented dangers. We have been told by the authorities to stay home, stay safe, wash our hands and to be at least six feet away from anyone. Those with underlying health problems need to take ever greater precautions because of the dangerous aspects of this virus. Mr. Serrano cannot do those things. He does not have the luxury of practicing "social distancing" in the prison where he lives with sinks and toilet facilities, phones and computers shared with other inmates. The prison housing conditions create an inability to take preventive measures or self-care recommended by the CDC. According to the New York

Times as of May 13, 2020, there were over 36,900 coronavirus infections and 375 deaths in inmates and staff at state prisons, federal prisons and local jails.<sup>1</sup>

In courts around the country, prosecutors have erroneously argued that inmates are safely quarantined in jails and prisons.<sup>2</sup> Despite officials' best intent and efforts, prisons are unequipped to control coronavirus. The spread is not controlled and inmates are not safer in prison than on the street. A state prison in Ohio tested all inmates for the virus and 73% of the inmates tested positive. The large cluster of cases was found through mass testing of everyone at the Marion Correctional Institution; 109 staff members were also positive. "Because we are testing everyone — including those who are not showing symptoms — we are getting positive test results on individuals who otherwise would have never been tested because they were asymptomatic," according to the Ohio Department of Corrections.<sup>3</sup> It's clear this is not over yet. Dr. Anthony S. Fauci, the White House's COVID-19 task force's chief medical adviser, has said he expects cases to spike in closed environments like nursing homes, prisons and factories.<sup>4</sup>

Employees at federal prisons sounded the alarm that facilities lack the

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<sup>1</sup> <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>

<sup>2</sup> See, e.g., *U.S. v. Harthill*, No. 19-cr-217 (E.D. Wa. 2019) (ECF No. 29 at 7:5) (arguing proposed release address is "not shown to be safer . . . than his current housing situation" in the jail).

<sup>3</sup> <https://www.npr.org/sections/coronavirus-live-updates/2020/04/20/838943211/73-of-inmates-at-anohio-prison-test-positive-for-coronavirus>

<sup>4</sup> <https://www.nytimes.com/2020/05/11/health/coronavirus-second-wave-infections.html>

manpower to operate, the medical equipment to contain the virus, and the physical space to quarantine. A union representative for officers at the Oakdale facility in Louisiana, where the first death of a federal inmate occurred on March 28, 2020, reported, “[w]e don’t know how to protect ourselves. Staff are working 36-hour shifts – there’s no way we can keep going on like this.”<sup>5</sup> According to one account, “more than a dozen workers in the Bureau of Prisons . . . have said that federal prisons are ill-prepared for a coronavirus outbreak. Many lack basic supplies, like masks, hand sanitizer and soap.”<sup>6</sup> A prison employee at the U.S. Penitentiary in Atlanta said, “We do not have enough masks; we do not have the supplies needed to deal with this. We don’t have enough space to properly quarantine inmates.” After the first employee death at the U.S. Penitentiary in Atlanta, employees reported “insufficient access to protective equipment and inconsistent communication about how many staff and inmates were infected at any given time.”<sup>7</sup>

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<sup>5</sup> Kimberly Kindy, An Explosion of Coronavirus Cases Cripples a Federal Prison in Louisiana, Wash. Post (Mar. 29, 2020), [https://www.washingtonpost.com/national/an-explosion-of-coronaviruscasescripples-a-federal-prison-in-louisiana/2020/03/29/75a465c0-71d5-11ea-85cb8670579b863d\\_story.html](https://www.washingtonpost.com/national/an-explosion-of-coronaviruscasescripples-a-federal-prison-in-louisiana/2020/03/29/75a465c0-71d5-11ea-85cb8670579b863d_story.html) (“Kindy, Explosions of Coronavirus Cases”)

<sup>6</sup> Outbreaks in Jails and Prison Prove Hard to Contain, N.Y. Times, <https://www.nytimes.com/interactive/2020/us/coronavirus-scases.html?referringSource=articleShare> (“Outbreaks in Jails and Prisons”) (last visited Apr. 23, 2020).

<sup>7</sup> Cassidy McDonald, *She was promoted a month before her death. Coworkers say she was never moved into her new role, away from sick inmates*, CBS News (Apr. 20, 2020), <https://www.cbsnews.com/news/coronavirus-death-robin-grubbs-atlanta-federal-penitentiaryworkers-criticize-covid-19-response/>.

Mr. Serrano's safety cannot be guaranteed with such a deadly pandemic that is ramping back up and expected to take off once again.

Mr. Serrano, since his incarceration, has been on a mission to both rehabilitate himself and change his character. Some people do change, and when that change has been made, federal tax dollars should not be wasted on overincarcerating our citizens.

At the time of sentencing what decision makers cannot measure is the capacity for people to change. However, some people do. Anthony Serrano is one of those people. President Trump himself acknowledged that people do change, and he did so when he released Alice Marie Johnson from the life sentence that was imposed on her. We also saw Matthew Charles released from prison based on the *First Step Act* - and it was President Trump who invited Mr. Charles to the State of The Union Address. When the Court originally sentenced Mr. Charles to 35 years in prison, it could not have foreseen the changes that he made in his life - never receiving a disciplinary report while in prison, helping others with their legal pleadings, studying the bible, teaching GED classes. Mr. Charles changed his character so much that the President invited this man to the State of the Union address. Matthews original sentence of 35 years was largely driven because of his criminal history. At the time of sentencing, the sentencing judge explained that Mr. Charles had "a particularly violent history" and "had demonstrated by his actions

that he's a danger to society and should simply be off the streets." *United States v. Charles*, 843 F.3d 1142, 1145, (6th Cir. 2016), (Dkt. # 96 Sentencing Transcript @ page 283). That history included "kidnapping a woman on two consecutive days for the purpose of terrorizing her; burglarizing a home; fleeing from a police interrogation, shooting a man in the head, and attempting to run off in the victim's car. Mr. Charles is now a free man living a law-abiding life despite this record, after having served 21 years in prison. Less than what Mr. Serrano is serving. This is an example that people do change, and do deserve second chances.

Mr. Serrano has a family that loves and cares for him. They are ready and willing to assist Serrano with a successful reentry. See Family Photos, Exhibit E. If released, Mr. Serrano would be living with his fiancé Keimalee Gonzalez at 60 Ivy Street, Kearny, New Jersey.

Serrano submits that he is no longer a threat to public safety. The biggest indicator of this is his commitment to rehabilitation, and dramatic character change. The Court should also consider whether, upon release, the defendant would pose "a danger to the safety of any other person or to the community." This Court is not faced with a stark choice between simply turning Serrano loose, or continuing his incarceration. The Court has the option of reducing Serrano's period of incarceration, followed by a term of supervised release.

Supervised release, which is laid out at 18 U.S.C. § 3583, was created by Congress as “a form of post confinement monitoring overseen by the sentencing court.” *Johnson v. United States*, 529 U.S. 694, 696-97 (2000). As the Supreme Court has explained, “Congress intended supervised release to assist individuals in their transition to community life. Supervised release fulfills rehabilitative ends,” providing “individuals with post confinement assistance” through the supervision of the court. *United States v. Johnson*, 529 U.S. 53, 59 (2000). “The court can provide such assistance because, ‘[w]hile on supervised release, the offender [is] required to abide by certain conditions,’ *Johnson v. United States*, 529 U.S. at 697, such as regularly reporting to a probation officer, pursuing schooling or work, and refraining from further criminal activity, *see* U.S.S.G. § 5D1.3(c); 18 U.S.C. § 3583(d).” *United States v. Island*, 916 F.3d 249, 253 (3d Cir. 2019). Congress has also authorized supervising courts to revoke supervised release and order re-imprisonment when defendants fail to meet their release conditions. *See* 18 U.S.C. § 3583(e); *Johnson v. United States*, 529 U.S. at 697.

Supervised release is routinely imposed as a component of sentencing, including sentences for crimes far more serious than those of which Serrano has been convicted. Supervised release affords the court an array of conditions which it can impose, the defendant’s compliance with which will be monitored by a probation officer. New conditions can be added as necessary. Beyond the low risk

that Serrano now presents, whatever risk there is can be further mitigated by supervised release. *See United States v. Williams*, No. 04cr95, 2020 WL 1751545, at \*3 (N.D.FL Apr. 1, 2020) (although court could not conclude that defendant posed no risk at all to public safety, “the risk of him engaging in further criminal conduct is minimal and can be managed through home confinement and the terms of his supervised release.”)

Mr. Serrano has submitted a request to the Warden at his facility seeking compassionate release. 30 days have lapsed without the warden or the BOP filing a motion with this Court on his behalf. Thus, the motion is ripe for this Court’s review, See Exhibit F.

### **CONCLUSION**

President Abraham Lincoln once said, “*I have always found that Mercy bears richer fruits than strict justice.*” Mr. Serrano is asking this Court for the same mercy spoke about by President Lincoln.



This request for compassionate release is a request for a second chance for Mr. Serrano to reclaim his life. To be the son, brother, husband, father, and law-abiding citizen he was meant to be.

Respectfully Requested,

A handwritten signature in cursive script that reads "Anthony Serrano". The ink is dark and the signature is fluid, with the first and last names being clearly legible despite the cursive style.

Anthony Serrano

Dated: August 1, 2020

**CERTIFICATE OF SERVICE**

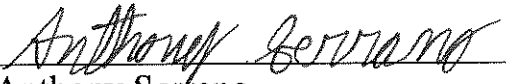
I, Anthony Serrano, hereby certify that on this \_\_\_\_ day of August 2020, I did place the enclosed Motion Requesting Reduction in Sentence Pursuant to 18 U.S.C. § 3582, in the prison mailing system addressed to the following parties:

United States District Court Clerk  
Southern District of New York  
40 Foley Square  
New York, New York 10007

United States Attorney's Office  
1 St. Andrew's Plaza  
New York, New York 10007

Signed under the penalty of perjury

this \_\_\_\_/\_\_\_\_ August, 2020

  
\_\_\_\_\_  
Anthony Serrano

## EXHIBIT A

**Bureau of Prisons  
Health Services  
Inmate Intra-Complex Transfer**

Reg #: 24637-050

Inmate Name: SERRANO, ANTHONY

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Transfer To: FCI RBK

Transfer Date: 02/18/2015

**Health Problems**

Type	Health Problem	Status
Chronic	Umbilical hernia	Current
Chronic	Sleep apnea, unspecified	Current
	used CPAP machine since 2008- left at home	
Temporary/Acute	Screening for nephropathy	Current
	left kidney stones	
Temporary/Acute	Colic	Current
Temporary/Acute	Body Mass Index 40.0 - 44.9, adult	Current
Temporary/Acute	Onychia and paronychia of toe	Current
Temporary/Acute	Ankle, sprain and strain	Current
Temporary/Acute	Obesity, unspecified	Current
Temporary/Acute	Body Mass Index 39.0-39.9, adult	Current
	MAX IDEAL WT: 183 LBS.	
Temporary/Acute	Counseling NOS	Current

**Medications:** All medications to be continued until evaluated by a physician unless otherwise indicated.  
**Bolded drugs required for transport.**

None

**OTCs:** Listing of all known OTCs this Inmate is currently taking.

None

**Pending Appointments**

Date	Time	Activity	Provider
03/10/2015	00:00	Chronic Care Visit	Physician 01
05/11/2015	00:00	Chronic Care Visit	Physician 01
07/16/2015	00:00	PPD Administration	Nurse
02/10/2015	11:26	Pharmacy Intervention	Bussanich, A. MD

**TB Clearance:** Yes

Last PPD Date: 07/16/2014

Last Chest X-Ray Date:

TB Treatment:

TB Follow-up Recommended: No

Induration: 0mm

Results:

Sx free for 30 days: Yes

**Sickle Cell:**

Sickle Cell Trait/Disease: No

**Limitations/Restrictions/Diets:**

Cell: lower bunk — 05/05/2015

Other Housing Status Restrictions: MAY WEAR COMMISSARY SNEAKERS  
THROUGHOUT MCC NY EXCEPT VISITING, ATTORNEY CONFERENCE  
AND OUTSIDE MEDICAL TRIPS. — 05/05/2015

Cleared for Food Service: Yes

Cuff only front — 09/24/2015

Other Restraint Restrictions: FRONT CUFF OR DOUBLE CUFF  
SECONDARY TO MEDICAL REASONS. — 09/24/2015

**Comments:**

Reg #: 24637-050

Inmate Name: SERRANO, ANTHONY

SENSITIVE BUT UNCLASSIFIED - This information is confidential and must be appropriately safeguarded.

**Bureau of Prisons  
Health Services  
Inmate Intra-system Transfer**

Reg #: 24637-050

Inmate Name: SERRANO, ANTHONY

SENSITIVE BUT UNCLASSIFIED - This information is confidential and must be appropriately safeguarded.

Transfer To: SCH

Transfer Date: 04/24/2015

**Health Problems**

Type	Health Problem	Status
Chronic	Umbilical hernia	Current
Chronic	Sleep apnea, unspecified used CPAP machine since 2008- left at home	Current
Temporary/Acute	Screening for nephropathy left kidney stones	Current
Temporary/Acute	Colic	Current
Temporary/Acute	Body Mass Index 40.0 - 44.9, adult	Current
Temporary/Acute	Onychia and paronychia of toe	Current
Temporary/Acute	Ankle, sprain and strain	Current
Temporary/Acute	Obesity, unspecified	Current
Temporary/Acute	Body Mass Index 39.0-39.9, adult MAX IDEAL WT: 183 LBS.	Current
Temporary/Acute	Counseling NOS	Current

**Medications:** All medications to be continued until evaluated by a physician unless otherwise indicated.  
**Bolded drugs** required for transport.

None

**OTCs:** Listing of all known OTCs this inmate is currently taking.

None

**Pending Appointments**

Date	Time	Activity	Provider
05/11/2015	00:00	Chronic Care Visit	Physician 01
07/16/2015	00:00	PPD Administration	Nurse

**TB Clearance:** Yes

Last PPD Date: 07/16/2014

Induration: 0mm

Last Chest X-Ray Date:

Results:

TB Treatment:

Sx free for 30 days: Yes

TB Follow-up Recommended: No

**Sickle Cell:**

Sickle Cell Trait/Disease: No

**Limitations/Restrictions/Diets:**

Cell: lower bunk -- 05/05/2015

Other Housing Status Restrictions: MAY WEAR COMMISSARY SNEAKERS  
THROUGHOUT FCI RBK EXCEPT VISITING, ATTORNEY CONFERENCE  
AND OUTSIDE MEDICAL TRIPS. -- 05/05/2015

Cleared for Food Service: Yes

Cuff only front -- 09/24/2015

Other Restraint Restrictions: FRONT CUFF OR DOUBLE CUFF  
SECONDARY TO MEDICAL REASONS. -- 09/24/2015**Comments:****Allergies**

No Known Allergies

**Bureau of Prisons  
Health Services  
Health Problems**

Reg #: 24637-050		Inmate Name: SERRANO, ANTHONY					
Description	Axis	Code Type	Code	Diag. Date	Status	Status Date	
<b>Current</b>							
<b>Umbilical hernia</b>	III	ICD-9	553.1	02/12/2014	Current	02/12/2014	
04/30/2015 14:33 EST Mace-Leibson, Ellen DO CD fat containing	III	ICD-9	553.1	02/12/2014	Current	02/12/2014	
02/12/2014 09:56 EST Evangelista, C. MLP							
<b>Sleep apnea, unspecified</b>	III	ICD-9	780.57	08/08/2013	Current	08/08/2013	
08/08/2013 12:13 EST Evangelista, C. MLP used CPAP machine since 2008- left at home							
<b>Obesity</b>		ICD-10	E669	01/19/2017	Current		
01/19/2017 12:51 EST Steffan, Dave PA							
<b>Metabolic disorder, unspecified</b>		ICD-10	E889	01/31/2017	Current		
02/17/2017 08:53 EST Mace-Leibson, Ellen DO CD pre-DM, A1C = 5.8		ICD-10	E889	01/31/2017	Current		
01/31/2017 15:32 EST Steffan, Dave PA							
<b>Essential (primary) hypertension</b>		ICD-10	I10	02/10/2020	Current		
02/10/2020 12:21 EST Krepps, Jim PA-C							
<b>Other specified arthritis, unspecified site</b>		ICD-10	M1380	01/19/2017	Current		
01/19/2017 12:41 EST Steffan, Dave PA OA LEFT shoulder							
<b>Pain in unspecified joint</b>		ICD-10	M2550	12/30/2016	Current	02/10/2020	
02/10/2020 12:20 EST Krepps, Jim PA-C Right elbow- s/p Open reduction of dislocation 6/2019		ICD-10	M2550	12/30/2016	Resolved	02/17/2017	
02/17/2017 08:53 EST Mace-Leibson, Ellen DO CD		ICD-10	M2550	12/30/2016	Current		
12/30/2016 10:32 EST Swaboski, M. CRNP							
<b>Urinary tract infection, site not specified</b>		ICD-10	N390	04/09/2020	Current		
04/09/2020 11:36 EST Swindell, Kim MD/CD							
<b>Edema, unspecified</b>		ICD-10	R609	02/13/2018	Current		
12/26/2018 09:38 EST Overton, LeVon PA-C BLE		ICD-10	R609	02/13/2018	Current		
02/13/2018 11:58 EST Adkins, Jennifer FNP-C BLE							

Reg # 24637-050

Inmate Name: SERRANO, ANTHONY

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
<b>Prediabetes</b> 01/31/2019 14:13 EST Kubin, Rachel PA-C		ICD-10	R7303	01/31/2019	Current	
<b>Body mass Index (BMI) 40.0-44.9, adult</b> 01/19/2017 12:57 EST Steffan, Dave PA		ICD-10	Z6841	01/19/2017	Current	

**Resolved**

<b>Obesity, unspecified</b> 02/17/2017 08:53 EST Mace-Leibson, Ellen DO CD	III	ICD-9	278.00	04/01/2014	Resolved	02/17/2017
04/01/2014 13:59 EST Beaudouin, Robert MD	III	ICD-9	278.00	04/01/2014	Current	04/01/2014
<b>Onychia and paronychia of toe</b> 02/23/2016 07:20 EST SYSTEM	III	ICD-9	681.11	05/06/2014	Resolved	04/30/2015
04/30/2015 14:32 EST Mace-Leibson, Ellen DO CD	III	ICD-9	681.11	05/06/2014	Resolved	04/30/2015
05/06/2014 14:54 EST Bussanich, A. MD	III	ICD-9	681.11	05/06/2014	Current	05/06/2014
<b>Renal colic</b> 02/23/2016 07:20 EST SYSTEM	III	ICD-9	788.0	07/03/2014	Resolved	10/22/2014
10/22/2014 11:53 EST Bussanich, A. MD	III	ICD-9	788.0	07/03/2014	Resolved	10/22/2014
07/03/2014 09:54 EST Bussanich, A. MD	III	ICD-9	788.0	07/03/2014	Current	07/03/2014
<b>Colic</b> 02/23/2016 07:20 EST SYSTEM	III	ICD-9	789.7	07/02/2014	Resolved	04/30/2015
04/30/2015 14:32 EST Mace-Leibson, Ellen DO CD	III	ICD-9	789.7	07/02/2014	Resolved	04/30/2015
07/02/2014 12:18 EST Bussanich, A. MD	III	ICD-9	789.7	07/02/2014	Current	07/02/2014
<b>Ankle, fracture, closed</b> 02/23/2016 07:20 EST SYSTEM	III	ICD-9	824.8	04/01/2014	Resolved	04/01/2014
04/01/2014 13:59 EST Beaudouin, Robert MD	III	ICD-9	824.8	04/01/2014	Resolved	04/01/2014
<b>Ankle, sprain and strain</b> 02/23/2016 07:20 EST SYSTEM	III	ICD-9	845.00	04/01/2014	Resolved	04/30/2015
04/30/2015 14:32 EST Mace-Leibson, Ellen DO CD	III	ICD-9	845.00	04/01/2014	Resolved	04/30/2015
04/01/2014 13:59 EST Beaudouin, Robert MD	III	ICD-9	845.00	04/01/2014	Current	04/01/2014
<b>Disorder of teeth and supporting structures, unspecified</b> 10/05/2017 09:43 EST Hartland, Richard DMD #10 area		ICD-10	K089	09/19/2017	Resolved	10/05/2017
<b>Cellulitis, unspecified</b> 04/17/2018 09:59 EST Adkins, Jennifer FNP-C RLE		ICD-10	L0390	04/02/2018	Resolved	04/17/2018

Reg # 24637-050

Inmate Name SERRANO, ANTHONY

Description	Axis	Code Type	Code	Diag Date	Status	Status Date
04/02/2018 12:12 EST Adkins, Jennifer FNP-C RLE		ICD-10	L0390	04/02/2018	Current	
<b>Local infection of the skin and subcutaneous tissue, unsp</b>						
01/31/2019 14:08 EST Kubin, Rachel PA-C RLE cellulitis: 10 day course of doxycycline ordered with f/u appt		ICD-10	L089	12/26/2018	Resolved	01/31/2019
12/26/2018 09:40 EST Overton, LeVon PA-C RLE cellulitis: 10 day course of doxycycline ordered with f/u appt		ICD-10	L089	12/26/2018	Current	
<b>Pain in arm, unspecified</b>						
02/17/2017 08:53 EST Mace-Leibson, Ellen DO CD		ICD-10	M79603	12/30/2016	Resolved	02/17/2017
12/30/2016 10:31 EST Swaboski, M. CRNP		ICD-10	M79603	12/30/2016	Current	
<b>Unspecified abdominal pain</b>						
04/09/2020 11:36 EST Swindell, Kim MD/CD		ICD-10	R109	04/08/2020	Resolved	04/09/2020
04/08/2020 12:44 EST Swindell, Kim MD/CD		ICD-10	R109	04/08/2020	Current	
<b>Unspecified abdominal pain</b>						
01/23/2019 13:57 EST Kubin, Rachel PA-C muscle strain vs RIH		ICD-10	R109	06/04/2018	Resolved	01/23/2019
06/04/2018 11:30 EST Adkins, Jennifer FNP-C muscle strain vs RIH		ICD-10	R109	06/04/2018	Current	
<b>Diarrhea, unspecified</b>						
04/09/2020 11:35 EST Swindell, Kim MD/CD		ICD-10	R197	04/06/2020	Resolved	04/09/2020
04/06/2020 12:24 EST Krepps, Jim PA-C		ICD-10	R197	04/06/2020	Current	
<b>Hematuria, unspecified</b>						
01/23/2019 13:58 EST Kubin, Rachel PA-C		ICD-10	R319	10/09/2018	Resolved	01/23/2019
10/09/2018 14:31 EST Adkins, Jennifer FNP-C		ICD-10	R319	10/09/2018	Current	
<b>Fever, unspecified</b>						
04/09/2020 11:35 EST Swindell, Kim MD/CD		ICD-10	R509	04/08/2020	Resolved	04/09/2020
04/08/2020 12:44 EST Swindell, Kim MD/CD		ICD-10	R509	04/08/2020	Current	
<b>Fracture of shaft of humerus [arm]</b>						
01/02/2020 08:35 EST Krepps, Jim PA-C		ICD-10	S42309	05/22/2019	Resolved	01/02/2020
05/22/2019 18:05 EST Valdez, Michael MD		ICD-10	S42309	05/22/2019	Current	
<b>Injury of ankle, unspecified</b>						
01/02/2020 08:35 EST Krepps, Jim PA-C right ankle;xray neg for fx; partial wt. bearing with crutches(12/26)		ICD-10	S99919	12/20/2018	Resolved	01/02/2020
12/26/2018 09:40 EST Overton, LeVon PA-C right ankle;xray neg for fx; partial wt. bearing with crutches(12/26)		ICD-10	S99919	12/20/2018	Current	
12/20/2018 09:45 EST Shaw, Alnissa PA-C		ICD-10	S99919	12/20/2018	Current	



Reg #: 24637-050

Inmate Name: SERRANO, ANTHONY

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
right ankle						
<b>Counseling NOS</b>	III	ICD-9	V65.40	01/07/2014	Resolved	02/17/2017
02/17/2017 08:53 EST Mace-Leibson, Ellen DO CD	III	ICD-9	V65.40	01/07/2014	Current	01/07/2014
01/07/2014 13:37 EST Joaquin, Y. MLP						
<b>Screening for nephropathy</b>	III	ICD-9	V81.5	07/31/2014	Resolved	04/30/2015
02/23/2016 07:20 EST SYSTEM						
left kidney stones	III	ICD-9	V81.5	07/31/2014	Resolved	04/30/2015
04/30/2015 14:32 EST Mace-Leibson, Ellen DO CD						
left kidney stones	III	ICD-9	V81.5	07/31/2014	Current	07/31/2014
07/31/2014 15:52 EST Ramos, E. MLP						
left kidney stones						
<b>Body Mass Index 39.0-39.9, adult</b>	III	ICD-9	V85.39	04/01/2014	Resolved	02/17/2017
02/17/2017 08:53 EST Mace-Leibson, Ellen DO CD						
MAX IDEAL WT: 183 LBS.	III	ICD-9	V85.39	04/01/2014	Current	04/01/2014
04/01/2014 13:59 EST Beaudouin, Robert MD						
MAX IDEAL WT: 183 LBS.						
<b>Body Mass Index 40.0 - 44.9, adult</b>	III	ICD-9	V85.41	05/06/2014	Resolved	02/17/2017
02/17/2017 08:53 EST Mace-Leibson, Ellen DO CD	III	ICD-9	V85.41	05/06/2014	Current	05/06/2014
05/06/2014 14:51 EST Bussanich, A. MD						
<b>Coronavirus COVID-19 test negative</b>		ICD-10	Z03818-	04/13/2020	Resolved	05/05/2020
05/05/2020 13:17 EST Martynuska, N. RN, IOP/IDC						
see lab results 4/8/20		ICD-10	Z03818-	04/13/2020	Current	
04/13/2020 14:30 EST Kopera, Jason RN/NER						
see lab results 4/8/20						
<b>Negative Test: HIV, Human immunodeficiency virus</b>		ICD-10	Z717	01/26/2017	Resolved	01/23/2019
01/23/2019 13:58 EST Kubin, Rachel PA-C		ICD-10	Z717	01/26/2017	Current	
01/31/2017 15:33 EST Steffan, Dave PA						
<b>Other specified postprocedural states</b>		ICD-10	Z9889	06/28/2019	Resolved	01/02/2020
01/02/2020 08:35 EST Krepps, Jim PA-C		ICD-10	Z9889	06/28/2019	Current	
06/28/2019 10:37 EST Ward, Emad MD						

Total: 35

**Bureau of Prisons  
Health Services  
Inmate Intra-Complex Transfer**

A-BOP-HLD

Reg #: 24637-050

Inmate Name: SERRANO, ANTHONY

SENSITIVE BUT UNCLASSIFIED - This information is confidential and must be appropriately safeguarded.

Transfer To: FCI RBK

Transfer Date: 02/18/2015

**Health Problems**

Type	Health Problem	Status
Chronic	Umbilical hernia	Current
Chronic	Sleep apnea, unspecified	Current
	used CPAP machine since 2008- left at home	
Temporary/Acute	Screening for nephropathy	Current
	left kidney stones	
Temporary/Acute	Colic	Current
Temporary/Acute	Body Mass Index 40.0 - 44.9, adult	Current
Temporary/Acute	Onychia and paronychia of toe	Current
Temporary/Acute	Ankle, sprain and strain	Current
Temporary/Acute	Obesity, unspecified	Current
Temporary/Acute	Body Mass Index 39.0-39.9, adult	Current
	MAX IDEAL WT: 183 LBS.	
Temporary/Acute	Counseling NOS	Current

Health Services  
USC FPC Canaan  
W. 1000 PA 1 72  
PREPARED FOR TRANSFER

**Medications:** All medications to be continued until evaluated by a physician unless otherwise indicated.  
**Bolded drugs** required for transport.

None

**OTCs:** Listing of all known OTCs this inmate is currently taking.

None

**Pending Appointments**

Date	Time	Activity	Provider
03/10/2015	00:00	Chronic Care Visit	Physician 01
05/11/2015	00:00	Chronic Care Visit	Physician 01
07/16/2015	00:00	PPD Administration	Nurse
02/10/2015	11:28	Pharmacy Intervention	Bussanich, A. MD

**TB Clearance:** Yes

Last PPD Date: 07/16/2014

Last Chest X-Ray Date:

TB Treatment:

TB Follow-up Recommended: No

Induration: 0mm

Results:

Sx free for 30 days: Yes

**Sickle Cell:**

Sickle Cell Trait/Disease: No

**Limitations/Restrictions/Diets:**

Cell: lower bunk -- 05/05/2015

Other Housing Status Restrictions: MAY WEAR COMMISSARY SNEAKERS  
THROUGHOUT MCC NY EXCEPT VISITING, ATTORNEY CONFERENCE  
AND OUTSIDE MEDICAL TRIPS. -- 05/05/2015

Cleared for Food Service: Yes

Cuff only front -- 09/24/2015

Other Restraint Restrictions: FRONT CUFF OR DOUBLE CUFF  
SECONDARY TO MEDICAL REASONS. -- 09/24/2015**Comments:**

Received 2/26/15 RBK  
Health Services Unit  
T. Root, #

Inmate Name: SERRANO, ANTHONY

Date of Birth: 03/03/1974

Encounter Date: 05/05/2014 14:33

Sex: M Race: BLACK

Provider: Bussanich, A. MD

Reg #: 24637-050

Facility: NYM

Unit: G06

**Exam:**

GRADE 2/6 SYSTOLIC EJECTION MURMUR LEFT STERNAL BORDER

**Abdomen**

**Auscultation**

Yes: Normo-Active Bowel Sounds

**Percussion**

No: Tympany, Dullness

**Palpation**

Yes: Within Normal Limits, Soft

No: Guarding, Rigidity

HE HAS AN UMBILICAL HERNIA MEASURING 3 X 3.5 CM SOFT, PROTRUDING BUT NO TISSUE PALPATED UNDERNEATH.

**Neurologic**

**Cranial Nerves (CN)**

Yes: Within Normal Limits

**ASSESSMENT:**

Body Mass Index 40.0 - 44.9, adult, V85.41 - Current, Temporary/Acute, Initial

Umbilical hernia, 553.1 - Current, Chronic, Not Improved/Same

**PLAN:**

**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Clotrimazole Solution 1%	05/05/2014 14:33	TWO DROPS Topically - Two Times a Day x 7 day(s) -- APPLY TO RIGHT GREAT TOENAIL

**Indication:** Onychia and paronychia of toe

**One Time Dose Given:** No

**Schedule:**

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Chronic Care Visit	06/02/2014 00:00	Physician 01

**Disposition:**

Return Immediately if Condition Worsens

Return To Sick Call if Not Improved

Follow-up in 1 Month

**Other:**

COMMISSARY SNEAKER PERMIT. RTC IN ONE MONTH FOR BP CHECK. DISCUSSED LIFESTYLE CHANGES, WEIGHT LOSS.

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
05/06/2014	Counseling	Plan of Care	Bussanich, A.	Verbalizes Understanding

**Bureau of Prisons  
Health Services  
Health Problems**

Reg #: 24637-050

Inmate Name: SERRANO, ANTHONY

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
<b>Current</b>						
<b>Umbilical hernia</b>						
04/30/2015 14:33 EST Mace-Leibson, Ellen DO CD fat containing	III	ICD-9	553.1	02/12/2014	Current	02/12/2014
02/12/2014 09:56 EST Evangelista, C. MLP	III	ICD-9	553.1	02/12/2014	Current	02/12/2014
<b>Sleep apnea, unspecified</b>						
08/08/2013 12:13 EST Evangelista, C. MLP used CPAP machine since 2008- left at home	III	ICD-9	780.57	08/08/2013	Current	08/08/2013
<b>Obesity</b>						
01/19/2017 12:51 EST Steffan, Dave PA		ICD-10	E669	01/19/2017	Current	
<b>Metabolic disorder, unspecified</b>						
02/17/2017 08:53 EST Mace-Leibson, Ellen DO CD pre-DM, A1C = 5.8		ICD-10	E889	01/31/2017	Current	
01/31/2017 15:32 EST Steffan, Dave PA		ICD-10	E889	01/31/2017	Current	
<b>Essential (primary) hypertension</b>						
02/10/2020 12:21 EST Krepps, Jim PA-C		ICD-10	110	02/10/2020	Current	
<b>Other specified arthritis, unspecified site</b>						
01/19/2017 12:41 EST Steffan, Dave PA OA LEFT shoulder		ICD-10	M1380	01/19/2017	Current	
<b>Pain in unspecified joint</b>						
02/10/2020 12:20 EST Krepps, Jim PA-C Right elbow- s/p Open reduction of dislocation 6/2019		ICD-10	M2550	12/30/2016	Current	02/10/2020
02/17/2017 08:53 EST Mace-Leibson, Ellen DO CD		ICD-10	M2550	12/30/2016	Resolved	02/17/2017
12/30/2016 10:32 EST Swaboski, M. CRNP		ICD-10	M2550	12/30/2016	Current	
<b>Urinary tract infection, site not specified</b>						
04/09/2020 11:36 EST Swindell, Kim MD/CD		ICD-10	N390	04/09/2020	Current	
<b>Edema, unspecified</b>						
12/26/2018 09:38 EST Overton, LeVon PA-C BLE		ICD-10	R609	02/13/2018	Current	
02/13/2018 11:58 EST Adkins, Jennifer FNP-C BLE		ICD-10	R609	02/13/2018	Current	

Reg #: 24637-050

Inmate Name: SERRANO, ANTHONY

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
<b>Prediabetes</b>						
01/31/2019 14:13 EST Kubin, Rachel PA-C		ICD-10	R7303	01/31/2019	Current	
<b>Body mass index (BMI) 40.0-44.9, adult</b>						
01/19/2017 12:57 EST Steffan, Dave PA		ICD-10	Z6841	01/19/2017	Current	
<b>Resolved</b>						
<b>Obesity, unspecified</b>						
02/17/2017 08:53 EST Mace-Leibson, Ellen DO CD	III	ICD-9	278.00	04/01/2014	Resolved	02/17/2017
04/01/2014 13:59 EST Beaudouin, Robert MD	III	ICD-9	278.00	04/01/2014	Current	04/01/2014
<b>Onychia and paronychia of toe</b>						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	681.11	05/06/2014	Resolved	04/30/2015
04/30/2015 14:32 EST Mace-Leibson, Ellen DO CD	III	ICD-9	681.11	05/06/2014	Resolved	04/30/2015
05/06/2014 14:54 EST Bussanich, A. MD	III	ICD-9	681.11	05/06/2014	Current	05/06/2014
<b>Renal colic</b>						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	788.0	07/03/2014	Resolved	10/22/2014
10/22/2014 11:53 EST Bussanich, A. MD	III	ICD-9	788.0	07/03/2014	Resolved	10/22/2014
07/03/2014 09:54 EST Bussanich, A. MD	III	ICD-9	788.0	07/03/2014	Current	07/03/2014
<b>Colic</b>						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	789.7	07/02/2014	Resolved	04/30/2015
04/30/2015 14:32 EST Mace-Leibson, Ellen DO CD	III	ICD-9	789.7	07/02/2014	Resolved	04/30/2015
07/02/2014 12:18 EST Bussanich, A. MD	III	ICD-9	789.7	07/02/2014	Current	07/02/2014
<b>Ankle, fracture, closed</b>						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	824.8	04/01/2014	Resolved	04/01/2014
04/01/2014 13:59 EST Beaudouin, Robert MD	III	ICD-9	824.8	04/01/2014	Resolved	04/01/2014
<b>Ankle, sprain and strain</b>						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	845.00	04/01/2014	Resolved	04/30/2015
04/30/2015 14:32 EST Mace-Leibson, Ellen DO CD	III	ICD-9	845.00	04/01/2014	Resolved	04/30/2015
04/01/2014 13:59 EST Beaudouin, Robert MD	III	ICD-9	845.00	04/01/2014	Current	04/01/2014
<b>Disorder of teeth and supporting structures, unspecified</b>						
10/05/2017 09:43 EST Hartland, Richard DMD		ICD-10	K089	09/19/2017	Resolved	10/05/2017
#10 area						
<b>Cellulitis, unspecified</b>						
04/17/2018 09:59 EST Adkins, Jennifer FNP-C		ICD-10	L0390	04/02/2018	Resolved	04/17/2018
RLE						

**Kingsbrook Jewish Medical Center**

585 Schenectady Avenue, Brooklyn, NY, 11203 • (718) 604-6461

**Radiology Report**

NAME: SERRANO, ANTHONY  
 MR#: 0688818  
 Serial/PID: 10439346  
 Location: RAD- RADIOLOGY REGISTRATION  
 Attending MD: A. BUSSANICH  
 Adm/Reg: Apr 3 2014 9:14AM  
 Discharge:

Date of Birth: 03/03/1974  
 Sex: M  
 Date of Exam: 04/03/2014  
 Date of Order: 04/03/2014 09:18  
 Ordered By: A BUSSANICH  
 Referred By: UNASSIGNED  
 Accession #: 1350924

**\*\*\*Final Report\*\*\***

Date of Exam: Apr 3 2014

REASON FOR EXAM: \unbilical mass

CAT 3234 - ABDOMEN AND PELVIS W/O CONTR - Apr 3 2014

RESULT: CT Abdomen and Pelvis without contrast CPT 74150, 72182

CLINICAL INFORMATION: Umbilical mass abdominal mass

**TECHNIQUE:**

Number of acquisitions: One

Images acquired: Contiguous axial 3mm images; coronal and sagittal reformatted images

Anatomic coverage: Abdomen and pelvis from above the diaphragm to below the pubic symphysis

Contrast administered: Oral contrast was provided; Intravenous contrast was withheld as requested by the referring physician

**DOSE INFORMATION:** This scan was performed using automatic exposure control (radiation dose reduction software) to obtain a diagnostic image quality scan with patient dose as low as reasonably achievable. Total DLP for this examination is estimated at 1353 mGy-cm.

**FINDINGS:** No previous examinations are available for review.

The lung bases are clear. Heart size is normal.

The liver demonstrates mildly heterogeneous abnormal diminished attenuation with no focal lesion, allowing for the noncontrast technique. Hepatic size and contours are maintained. Hepatic and portal veins are not displaced. No intrahepatic or common ductal dilatation is recognized. The gallbladder demonstrates no calcified calculi or wall thickening. The pancreas is intact without ductal dilatation or focal lesion. The spleen is normal in size.

The adrenal glands are intact. No renal calculi are seen. No perinephric infiltration is seen. No hydronephrosis is present. No suspicious renal mass is recognized, allowing for the noncontrast technique. The ureters are nondilated. No calculi are recognized in the course of either ureter. The bladder appears unremarkable.

The prostate gland is normal in size. It measures approximately 2 cm AP x 4 cm transverse. No suspicious peripheral zone lesion is seen. No extra prostatic extension is appreciated.

No enlarged lymph nodes are found. No ascites is present. The osseous structures are intact without destructive bone lesion. The distal lumbar canal appears narrowed particularly at L4-L5 on a mixed developmental and degenerative basis.

There is fat within the perumbilical hernia. Bowel does not extend into this defect. Between rectus muscles is defect is an after approximately 3.5 cm. The bowel demonstrates focal narrowing of the lumen near the distal sigmoid colon. Air is present in the sigmoid and rectum. The descending colon is collapsed. Oral contrast is extended to the transverse colon without obstruction. The ileocecal valve is seen on axial image 104 and coronal image 59, unremarkable. The terminal ileum appears intact. An appendix crosses anterior to the psoas muscle on the right on axial image 111 and coronal image 59. It

Interpreting Physician: CAMPBELL, BRUCE Apr 3 2014 11:25A  
 Transcribed by / Date: CAMPBELL, BRUCE on Apr 3 2014 11:22A  
 Approved Electronically by / Date: CAMPBELL, BRUCE on Apr 3 2014 11:22A

APPROVED  
 C. Campbell  
 0605012

**Kingsbrook Jewish Medical Center**

666 Scherckedj Avenue, Brooklyn, NY 11203 \* (718) 604-5481

**Radiology Report**

NAME: SERRANO, ANTHONY  
MR#: 0088018  
Serial/Pt#: 10439340  
Location: RAD- RADIOLOGY REGISTRATION  
Attending MD: A. BUSSANICH  
Adm/Reg: Apr 3 2014 9:14AM  
Discharge:

Date of Birth: 03/03/1974  
Sex: M  
Date of Exam: 04/03/2014  
Date of Order: 04/03/2014 09:18  
Ordered By: A BUSSANICH  
Referred By: UNASSIGNED  
Accession #: 1350924

appears unremarkable. The terminal ileum appears intact. The small bowel is not dilated. No obstruction, perforation or abscess is recognized.

**IMPRESSION:**

1. Fat accumulation within hepatocytes (fatty infiltration of the liver)
2. Umbilical hernia contains fat not bowel
3. Focal narrowing of the distal sigmoid colon could reflect spasm or lesion. Followup evaluation recommended
4. Suspect lumbar central canal spinal stenosis.

Reading Physician: CAMPBELL, BRUCE  
Transcribed Date: Apr 3 2014 11:22A

*Abussanich*  
05 05 2014

Interpreting Physician: CAMPBELL, BRUCE Apr 3 2014 11:25A  
Transcribed by / Date: CAMPBELL, BRUCE on Apr 3 2014 11:22A  
Approved Electronically by / Date: CAMPBELL, BRUCE on Apr 3 2014 11:22A

# Bureau of Prisons Health Services Clinical Encounter

Inmate Name: SERRANO, ANTHONY  
Date of Birth: 03/03/1974  
Encounter Date: 02/17/2017 08:53

Sex: M Race: WHITE  
Provider: Mace-Leibson, Ellen DO

Reg #: 24637-050  
Facility: SCH  
Unit: D10

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

## SUBJECTIVE:

**COMPLAINT 1** Provider: Mace-Leibson, Ellen DO CD

**Chief Complaint:** ORTHOPEDIC/RHEUMATOLOGY

**Subjective:** Pt on meloxicam for OA in left shoulder. Hx of motorcycle accident in past. Says has been using some capsaicine from commissary but no other PO meds.

Pt is obese 42 y/o Hispanic with A1C = 5.8 and BMI = 42.3.

**Pain:** Pt has CPAP machine -- says dx'd in 2008.  
Not Applicable

Seen for clinic(s): Orthopedic/Rheumatology

## OBJECTIVE:

### Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
02/17/2017	08:59 SCH	98.4	36.9	Temporal	Mace-Leibson, Ellen DO CD
12/30/2016	10:25 SCH	97.7	36.5		Swaboski, M. CRNP
04/01/2016	10:09 SCH	98.7	37.1		Lingenfelter, Megan PA-C

### Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
02/17/2017	08:59 SCH	85			Mace-Leibson, Ellen DO CD
01/19/2017	12:38 SCH	83	Via Machine		Steffan, Dave PA
12/30/2016	10:25 SCH	77	Via Machine		Swaboski, M. CRNP
04/01/2016	10:09 SCH	84			Lingenfelter, Megan PA-C
03/01/2016	10:27 SCH	92			Lingenfelter, Megan PA-C

### Respirations:

Date	Time	Rate Per Minute	Provider
04/01/2016	10:09 SCH	18	Lingenfelter, Megan PA-C

### Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
02/17/2017	08:59 SCH	126/87				Mace-Leibson, Ellen DO CD
01/19/2017	12:38 SCH	131/86	Right Arm	Sitting	Adult-large	Steffan, Dave PA
12/30/2016	10:25 SCH	121/88	Left Arm	Sitting	Adult-large	Swaboski, M. CRNP
04/01/2016	10:09 SCH	125/84				Lingenfelter, Megan PA-C
03/01/2016	10:27 SCH	120/86				Lingenfelter, Megan PA-C

### SaO2:

Date	Time	Value(%)	Air	Provider
12/30/2016	10:25 SCH	98		Swaboski, M. CRNP



**Bureau of Prisons  
Health Services  
Health Problems**

Reg # 24637-050

Inmate Name: SERRANO, ANTHONY

Description	Axis	Code Type	Code	Diag Date	Status	Status Date
<b>Current</b>						
<b>Umbilical hernia</b>						
04/30/2015 14:33 EST Mace-Leibson, Ellen DO CD fat containing	III	ICD-9	553.1	02/12/2014	Current	02/12/2014
02/12/2014 09:56 EST Evangelista, C. MLP	III	ICD-9	553.1	02/12/2014	Current	02/12/2014
<b>Sleep apnea, unspecified</b>						
08/08/2013 12:13 EST Evangelista, C. MLP used CPAP machine since 2008- left at home	III	ICD-9	780.57	08/08/2013	Current	08/08/2013
<b>Obesity</b>						
01/19/2017 12:51 EST Steffan, Dave PA		ICD-10	E669	01/19/2017	Current	
<b>Metabolic disorder, unspecified</b>						
02/17/2017 08:53 EST Mace-Leibson, Ellen DO CD pre-DM, A1C = 5.8		ICD-10	E889	01/31/2017	Current	--
01/31/2017 15:32 EST Steffan, Dave PA		ICD-10	E889	01/31/2017	Current	
<b>Essential (primary) hypertension</b>						
02/10/2020 12:21 EST Krepps, Jim PA-C		ICD-10	I10	02/10/2020	Current	
<b>Other specified arthritis, unspecified site</b>						
01/19/2017 12:41 EST Steffan, Dave PA OA LEFT shoulder		ICD-10	M1380	01/19/2017	Current	
<b>Pain in unspecified joint</b>						
02/10/2020 12:20 EST Krepps, Jim PA-C Right elbow- s/p Open reduction of dislocation 6/2019		ICD-10	M2550	12/30/2016	Current	02/10/2020
02/17/2017 08:53 EST Mace-Leibson, Ellen DO CD		ICD-10	M2550	12/30/2016	Resolved	02/17/2017
12/30/2016 10:32 EST Swaboski, M. CRNP		ICD-10	M2550	12/30/2016	Current	
<b>Urinary tract infection, site not specified</b>						
04/09/2020 11:36 EST Swindell, Kim MD/CD		ICD-10	N390	04/09/2020	Current	
<b>Edema, unspecified</b>						
12/26/2018 09:38 EST Overton, LeVon PA-C BLE		ICD-10	R609	02/13/2018	Current	
02/13/2018 11:58 EST Adkins, Jennifer FNP-C BLE		ICD-10	R609	02/13/2018	Current	

DESCRIPTION	Age	Code Type	Code	Diag. Date	Status	Status Date
<b>Fractures</b>						
10/17/2019 10:15 EST Alton, Patrick PA-C		ICD-10	R7303	01/31/2019	Current	
<b>Body mass index (BMI) 40.9-44.9 obese</b>						
10/19/2017 12:57 EST Duffer, Derek PA		ICD-10	Z6841	01/19/2017	Current	
<b>Resolved</b>						
<b>Craniy, unacquired</b>						
10/17/2014 08:51 EST Mark-Johnson, Ellen DO-CD	III	ICD-9	278 00	04/01/2014	Resolved	02/17/2017
10/17/2014 13:59 EST Basalovich, Brian MD	III	ICD-9	278 00	04/01/2014	Current	04/01/2014
<b>Cryptitis and paronychia of toe</b>						
10/22/2014 07:25 EST SYSTEM	III	ICD-9	681 11	05/06/2014	Resolved	04/30/2015
10/22/2014 14:32 EST Mark-Johnson, Ellen DO-CD	III	ICD-9	681 11	05/06/2014	Resolved	04/30/2015
10/22/2014 14:34 EST Basalovich, A MD	III	ICD-9	681 11	05/06/2014	Current	05/06/2014
<b>Paronychia</b>						
10/22/2014 07:25 EST SYSTEM	III	ICD-9	788 0	07/03/2014	Resolved	10/22/2014
10/22/2014 11:53 EST Basalovich, A MD	III	ICD-9	788 0	07/03/2014	Resolved	10/22/2014
10/22/2014 14:34 EST Basalovich, A MD	III	ICD-9	788 0	07/03/2014	Current	07/03/2014
<b>Cuts</b>						
10/22/2014 07:25 EST SYSTEM	III	ICD-9	789 7	07/02/2014	Resolved	04/30/2015
10/22/2014 14:32 EST Mark-Johnson, Ellen DO-CD	III	ICD-9	789 7	07/02/2014	Resolved	04/30/2015
10/22/2014 14:34 EST Basalovich, A MD	III	ICD-9	789 7	07/02/2014	Current	07/02/2014
<b>Ankle, fracture, closed</b>						
10/22/2014 07:25 EST SYSTEM	III	ICD-9	824 8	04/01/2014	Resolved	04/01/2014
10/22/2014 13:59 EST Basalovich, Brian MD	III	ICD-9	824 8	04/01/2014	Resolved	04/01/2014
<b>Ankle, sprain and strain</b>						
10/22/2014 07:25 EST SYSTEM	III	ICD-9	845 00	04/01/2014	Resolved	04/30/2015
10/22/2014 14:32 EST Mark-Johnson, Ellen DO-CD	III	ICD-9	845 00	04/01/2014	Resolved	04/30/2015
10/22/2014 13:59 EST Basalovich, Brian MD	III	ICD-9	845 00	04/01/2014	Current	04/01/2014
<b>Disorder of teeth and supporting structures, unspecified</b>						
10/19/2017 12:43 EST Hartland, Richard DMD		ICD-10	K089	09/19/2017	Resolved	10/05/2017
<b>OTO area</b>						
<b>Catallitis, unspecified</b>						
10/17/2018 10:19 EST Adkins, Jennifer FNP-C		ICD-10	L0390	04/02/2018	Resolved	04/17/2018
<b>to E</b>						

Reg # 24637-050

Inmate Name: SERRANO, ANTHONY

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
04/02/2018 12:12 EST Adkins, Jennifer FNP-C RLE		ICD-10	L0390	04/02/2018	Current	
<b>Local infection of the skin and subcutaneous tissue, unsp</b>						
01/31/2019 14:08 EST Kubin, Rachel PA-C RLE cellulitis, 10 day course of doxycycline ordered with f/u appt		ICD-10	L089	12/26/2018	Resolved	01/31/2019
12/26/2018 09:40 EST Overton, LeVon PA-C RLE cellulitis, 10 day course of doxycycline ordered with f/u appt		ICD-10	L089	12/26/2018	Current	
<b>Pain in arm, unspecified</b>						
02/17/2017 08:53 EST Mace-Leibson, Ellen DO CD		ICD-10	M79603	12/30/2016	Resolved	02/17/2017
12/30/2016 10:31 EST Swaboski, M. CRNP		ICD-10	M79603	12/30/2016	Current	
<b>Unspecified abdominal pain</b>						
04/09/2020 11:36 EST Swindell, Kim MD/CD		ICD-10	R109	04/08/2020	Resolved	04/09/2020
04/08/2020 12:44 EST Swindell, Kim MD/CD		ICD-10	R109	04/08/2020	Current	
<b>Unspecified abdominal pain</b>						
01/23/2019 13:57 EST Kubin, Rachel PA-C muscle strain vs RIH		ICD-10	R109	06/04/2018	Resolved	01/23/2019
06/04/2018 11:30 EST Adkins, Jennifer FNP-C muscle strain vs RIH		ICD-10	R109	06/04/2018	Current	
<b>Diarrhea, unspecified</b>						
04/09/2020 11:35 EST Swindell, Kim MD/CD		ICD-10	R197	04/06/2020	Resolved	04/09/2020
04/06/2020 12:24 EST Krepps, Jim PA-C		ICD-10	R197	04/06/2020	Current	
<b>Hematuria, unspecified</b>						
01/23/2019 13:58 EST Kubin, Rachel PA-C		ICD-10	R319	10/09/2018	Resolved	01/23/2019
10/09/2018 14:31 EST Adkins, Jennifer FNP-C		ICD-10	R319	10/09/2018	Current	
<b>Fever, unspecified</b>						
04/09/2020 11:35 EST Swindell, Kim MD/CD		ICD-10	R509	04/08/2020	Resolved	04/09/2020
04/08/2020 12:44 EST Swindell, Kim MD/CD		ICD-10	R509	04/08/2020	Current	
<b>Fracture of shaft of humerus [arm]</b>						
01/02/2020 08:35 EST Krepps, Jim PA-C		ICD-10	S42309	05/22/2019	Resolved	01/02/2020
05/22/2019 18:05 EST Valdez, Michael MD		ICD-10	S42309	05/22/2019	Current	
<b>Injury of ankle, unspecified</b>						
01/02/2020 08:35 EST Krepps, Jim PA-C right ankle;xray neg for fx; partial wt. bearing with crutches(12/26)		ICD-10	S99919	12/20/2018	Resolved	01/02/2020
12/26/2018 09:40 EST Overton, LeVon PA-C right ankle;xray neg for fx; partial wt. bearing with crutches(12/26)		ICD-10	S99919	12/20/2018	Current	
12/20/2018 09:45 EST Shaw, Alnissa PA-C		ICD-10	S99919	12/20/2018	Current	

Reg # 24637-050

Inmate Name: SERRANO, ANTHONY

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
nght ankle						
<b>Counseling NOS</b>						
02/17/2017 08:53 EST Mace-Leibson, Ellen DO CD	III	ICD-9	V65.40	01/07/2014	Resolved	02/17/2017
01/07/2014 13:37 EST Joaquin, Y. MLP	III	ICD-9	V65.40	01/07/2014	Current	01/07/2014
<b>Screening for nephropathy</b>						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V81.5	07/31/2014	Resolved	04/30/2015
left kidney stones						
04/30/2015 14:32 EST Mace-Leibson, Ellen DO CD	III	ICD-9	V81.5	07/31/2014	Resolved	04/30/2015
left kidney stones						
07/31/2014 15:52 EST Ramos, E. MLP	III	ICD-9	V81.5	07/31/2014	Current	07/31/2014
left kidney stones						
<b>Body Mass Index 39.0-39.9, adult</b>						
02/17/2017 08:53 EST Mace-Leibson, Ellen DO CD	III	ICD-9	V85.39	04/01/2014	Resolved	02/17/2017
MAX IDEAL WT: 183 LBS.						
04/01/2014 13:59 EST Beaudouin, Robert MD	III	ICD-9	V85.39	04/01/2014	Current	04/01/2014
MAX IDEAL WT: 183 LBS.						
<b>Body Mass Index 40.0 - 44.9, adult</b>						
02/17/2017 08:53 EST Mace-Leibson, Ellen DO CD	III	ICD-9	V85.41	05/06/2014	Resolved	02/17/2017
05/06/2014 14:51 EST Bussanich, A. MD	III	ICD-9	V85.41	05/06/2014	Current	05/06/2014
<b>Coronavirus COVID-19 test negative</b>						
05/05/2020 13:17 EST Martynuska, N. RN, IOP/IDC		ICD-10	Z03818-	04/13/2020	Resolved	05/05/2020
see lab results 4/8/20						
04/13/2020 14:30 EST Kopera, Jason RN/NER		ICD-10	Z03818-	04/13/2020	Current	
see lab results 4/8/20						
<b>Negative Test: HIV, Human Immunodeficiency virus</b>						
01/23/2019 13:58 EST Kubin, Rachel PA-C		ICD-10	Z717	01/26/2017	Resolved	01/23/2019
01/31/2017 15:33 EST Steffan, Dave PA		ICD-10	Z717	01/26/2017	Current	
<b>Other specified postprocedural states</b>						
01/02/2020 08:35 EST Krepps, Jim PA-C		ICD-10	Z9889	06/28/2019	Resolved	01/02/2020
06/28/2019 10:37 EST Ward, Emad MD		ICD-10	Z9889	06/28/2019	Current	

Total: 35

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: SERRANO, ANTHONY  
Date of Birth: 03/03/1974  
Encounter Date: 04/04/2016 10:23

Sex: M Race: WHITE  
Provider: Mace-Leibson, Ellen DO

Reg #: 24637-050  
Facility: SCH  
Unit: D06

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

**SUBJECTIVE:**

**COMPLAINT 1**      **Provider:** Mace-Leibson, Ellen DO CD

**Chief Complaint:** GENERAL

**Subjective:** Pt without Rx or other need of CCC at this time. CPAP has been issued. Many no show for CCC appt. Will d/c CCC. Pt may f/u via sick call PRN.

**Pain:** Not Applicable

**Seen for clinic(s):** General

**Removed from clinic(s):** General

**OBJECTIVE:**

**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
04/01/2016	10:09 SCH	98.7	37.1		Lingenfelter, Megan PA-C

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/01/2016	10:09 SCH	84			Lingenfelter, Megan PA-C

**Respirations:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
04/01/2016	10:09 SCH	18	Lingenfelter, Megan PA-C

**Blood Pressure:**

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
04/01/2016	10:09 SCH	125/84				Lingenfelter, Megan PA-C

**SaO2:**

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Alr</u>	<u>Provider</u>
04/01/2016	10:09 SCH	98	Room Air	Lingenfelter, Megan PA-C

**Weight:**

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
04/01/2016	10:09 SCH	310.0	140.6		Lingenfelter, Megan PA-C

**Exam Comments**

see 4/1/16 note

**ASSESSMENT:**

Obesity, unspecified, 278.00 - Current

Sleep apnea, unspecified, 780.57 - Current

**PLAN:**

**Disposition:**

Follow-up at Sick Call as Needed

# Bureau of Prisons Health Services Clinical Encounter

Inmate Name: SERRANO, ANTHONY  
Date of Birth: 03/03/1974  
Encounter Date: 04/01/2016 10:02

Sex: M Race: WHITE  
Provider: Lingenfelter, Megan PA-C

Reg #: 24637-050  
Facility: SCH  
Unit: D06

Mid Level Provider - Follow up Visit encounter performed at Health Services.

## SUBJECTIVE:

**COMPLAINT 1** Provider: Lingenfelter, Megan PA-C

Chief Complaint: Other Problem

Subjective: Pt. presents today for BP and weight check.

Pain: No

**COMPLAINT 2** Provider: Lingenfelter, Megan PA-C

Chief Complaint: Breathing Problems

Subjective: Pt. states that he has been having trouble breathing at night. Pt. states that he used to have a CPAP machine and was titrated at Christ hospital in New Jersey. Pt. would like CPAP machine to be issued. Pt. states he is waking up tired.

Pain: No

## OBJECTIVE:

### Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
04/01/2016	10:09 SCH	98.7	37.1		Lingenfelter, Megan PA-C

### Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
04/01/2016	10:09 SCH	84			Lingenfelter, Megan PA-C
03/01/2016	10:27 SCH	92			Lingenfelter, Megan PA-C

### Respirations:

Date	Time	Rate Per Minute	Provider
04/01/2016	10:09 SCH	18	Lingenfelter, Megan PA-C

### Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
04/01/2016	10:09 SCH	125/84				Lingenfelter, Megan PA-C
03/01/2016	10:27 SCH	120/86				Lingenfelter, Megan PA-C

### SaO2:

Date	Time	Value(%)	Alr	Provider
04/01/2016	10:09 SCH	98	Room Air	Lingenfelter, Megan PA-C

### Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
04/01/2016	10:09 SCH	310.0	140.6		Lingenfelter, Megan PA-C
03/01/2016	10:27 SCH	315.0	142.9		Lingenfelter, Megan PA-C

### Exam:

General

Inmate Name: SERRANO, ANTHONY

Date of Birth: 03/03/1974

Encounter Date: 04/01/2016 10:02

Sex: M Race: WHITE  
Provider: Lingenfelter, Megan PA-C

Reg #: 24637-050

Facility: SCH

Unit: D06

**Exam:**

**Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

**Nutrition**

Yes: Within Normal Limits

**Skin**

**General**

Yes: Within Normal Limits

**Neck**

**Musculoskeletal**

Yes: Full ROM

**Pulmonary**

**Observation/Inspection**

Yes: Within Normal Limits

**Auscultation**

Yes: Clear to Auscultation

**Cardiovascular**

**Observation**

Yes: Within Normal Limits

**Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G, S3, S4

**Abdomen**

**Inspection**

Yes: Within Normal Limits

**Auscultation**

Yes: Normo-Active Bowel Sounds

**Palpation**

Yes: Within Normal Limits

**Neurologic**

**Cranial Nerves (CN)**

Yes: CN 2-12 Intact Grossly

**RQS Comments**

see HPI

Adenoids removed 2009

**Comments**

Pt. was fitted and given a CPAP approved by CD.

**ASSESSMENT:**

Body Mass Index 39.0-39.9, adult, V85.39 - Current

Body Mass Index 40.0 - 44.9, adult, V85.41 - Current

Obesity, unspecified, 278.00 - Current

Sleep apnea, unspecified, 780.57 - Current

24637-050

# The Christ Hospital Sleep Center

176 Palisade Avenue, Jersey City, New Jersey 07306  
Tel. 1-888-SLEEP CH / 1-888-753-3724 Fax. 1-201-418-7064

## POLYSOMNOGRAPHY REPORT

Patient: Serrano, Anthony  
D.O.B.: 3/3/1974  
Height: 72.0 inches  
Weight: 270 lbs.

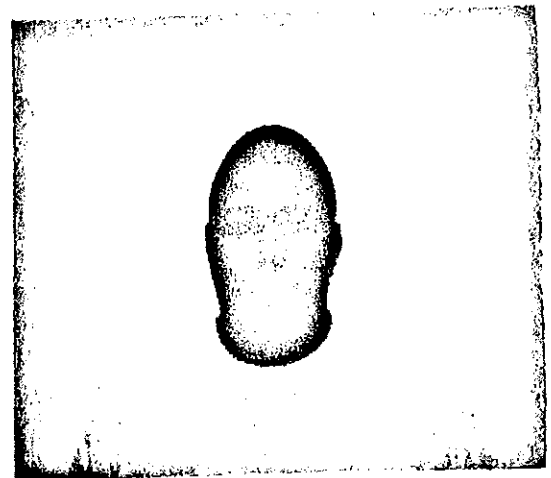
24637-050  
Test Date: 5/10/2010  
B.M.I.: 36.6  
Age: 36 Years  
Gender: Male

File #: 9716174  
Rec ID: AS051010  
Tech: Oliver Flores, RPSGT  
Scorer: Jim Gierla, CRT, RPSGT

Referring Physician: Dr. Anthony Mangia  
Attending Physician: Dr. Jea Keun Choi

### Sleep Summary:

Lights Out: 11:03 PM  
Lights On: 5:55 AM  
Total Recording Time: 412.0 min  
Total Sleep Time: 389.0 min  
Sleep Period Time: 400.0 min  
Sleep Efficiency: 94.4 %  
Sleep Latency: 11.5 min  
Stage R Latency: 58.0 min  
Number of Awakenings (NW): 11.0

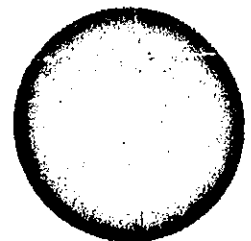


### Sleep Stage Summary:

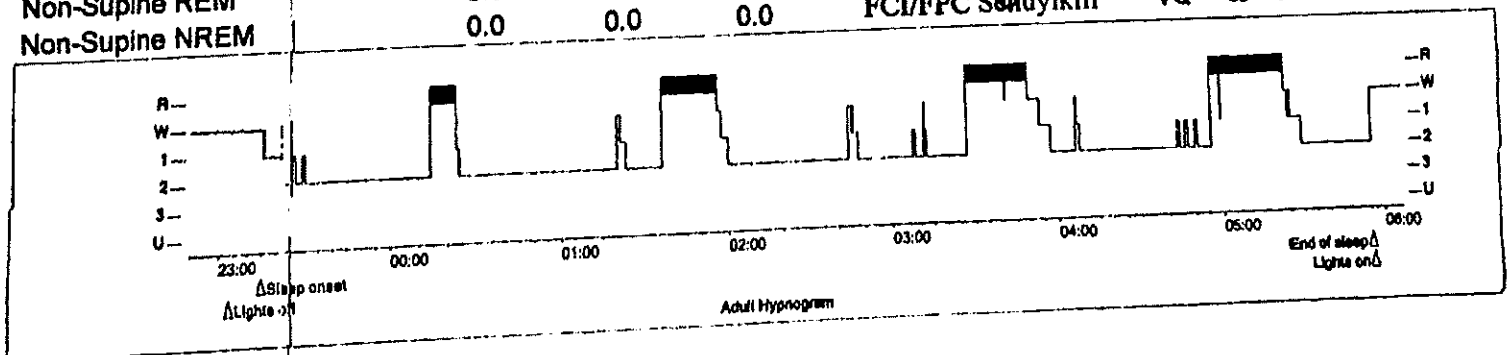
Stage	Duration (min)	% of SPT	% of TST
Stage W	23.0	5.8	*
WASO	11.5	2.9	*
Wake During Sleep (WDS)	11.0	2.8	*
Stage N1	30.5	7.6	7.8
Stage N2	280.5	70.1	72.1
Stage N3	0.0	0.0	0.0
Stage R	78.0	19.5	20.1
Total NREM	311.0	77.8	79.9
Supine	389.0	97.3	100.0
Supine REM	78.0	19.5	20.1
Supine NREM	311.0	77.8	79.9
Non-Supine	0.0	0.0	0.0
Non-Supine REM	0.0	0.0	0.0
Non-Supine NREM	0.0	0.0	0.0

■ Stage W  
■ Stage N1  
■ Stage N2  
■ Stage N3  
■ Stage R

% SPT



*Anthony Serrano*  
D. Steffen, PA  
FCI/FPC Schuylkill  
7/17/15  
D. Steffen, PA  
FCI/FPC Schuylkill





24637-050

Patient: Serrano, Anthony

File #: 9716174

Test Date: 5/10/10

Respiratory Disturbance Summary:				Apnea		Hypopnea		Total	
		# Obstr.	# Central	# Mixed		#		#	Index
REM Events				0	1	0	3	4	3.1
Supine				0	1	0	3	4	3.1
Non-Supine				0	0	0	0	0	0.0
NREM Events				0	3	0	1	4	0.8
Supine				0	3	0	1	4	0.8
Non-Supine				0	0	0	0	0	0.0
REM+NREM Event Total				0	4	0	4	8	1.2
Supine Event Total (REM + NREM)				0	4	0	4	8	1.2
Non-Supine Event Total (REM + NREM)				0	0	0	0	0	0.0
								A.H.I.	1.2

Apnea Index: 0.6

Hypopnea Index: 0.6

RERA Index: 5.2

R.D.I. 6.5

## Limb Movement Summary:

	Count	Index
Limb Movements	24	3.7
Periodic Limb Movements	40	6.2
Respiratory Related LM's	0	0.0
TOTAL	64	9.9

## Arousal Summary:

	Count	Index
Resp. Effort Related (RERA)	34	5.2
Spontaneous	3	0.5
Limb Movement	0	0.0
Periodic Limb Movement	0	0.0
TOTAL	37	5.7

## EKG Summary:

	Mean	Max	Min
Sleep	59	86	46
REM	58	81	46
NREM	59	86	46
Wake	67	90	41
All Stages	59	90	41

Arrhythmia(s)	No
Sinus Bradycardia:	No
Sinus Tachycardia:	No
Narrow Complex Tachycardia:	No
Wide Complex Tachycardia:	No
Atrial Fibrillation:	No

## Oxygen Saturation Summary:

	Mean	Max	Min
Sleep	94.4	97.0	84.0
REM	94.8	97.0	84.0
NREM	94.3	97.0	88.0
Wake	94.7	98.0	91.0
All Stages	94.4	98.0	84.0

Occurrence of Cheyne Stokes breathing

No

Minutes TRT SpO2 &lt; 90%: 0.6

Minutes TRT SpO2 &lt; 88%: 0.2

	Count	Index
Desaturations 4% or >	9	1.3
NREM Desaturations	4	0.8
REM Desaturations	5	3.8
Wake Desaturations	0	0.0

Lowest Desaturation (All Stages): 84.1%

NOTE: Hypopnea is scored based on the criteria listed under section VII.4.A or VII.4.B of the AASM Manual.

D. Steffany HA

FCU/FPC Sonnykill

24637-050  
Patient: Serrano, Anthony

File #: 9716174

Test Date: 5/10/10

### Clinical Presentation:

Mr. Serrano presents with Obstructive Sleep Apnea Syndrome diagnosed at Christ Hospital on April 02, 2008. Please see First Night Polysomnogram.

Mr. Serrano was given a thorough explanation of procedures and adequate time was spent in the pre-test period desensitizing them to the CPAP/BPAP experience. He was fitted with a ResMed Swift LT Nasal Pillows size Small. Titration was performed according to Sleep Center guidelines.

### Interpretation:

From a technical perspective, this overnight polysomnogram consisted of frontal, central and occipital EEG, left and right EOG, sub-mental EMG, continuous nasal & oral airflow assessment via thermocouple and nasal airflow pressure transducer, monitoring of respiratory effort using respiratory inductance plethysmography, continuous 2-Lead ECG waveform, a snore sensor, continuous overnight oximetry, left and right anterior tibialis EMG, monitoring of body position and digital audio / video recording and application of N-CPAP initiated at 4 cmH<sub>2</sub>O.

All raw data was reviewed and scored by a Registered Polysomnographic Technologist and reviewed in detail by a Diplomate of the American Board of Sleep Medicine.

The study began with "Lights Out" at 11:03 PM and ended with "Lights On" at 5:55 AM. The Total Recording Time was 412.0 minutes with a Total Sleep Time of 389.0 minutes. The Sleep Efficiency was good at 85.5%. The patient's Sleep Latency was within normal limits at 11.5 minutes. Stage R Latency was shortened at 58.0 minutes. Wake After Sleep Onset of 11.5 minutes, or 2.9% of Sleep Period Time. The Sleep Stages as a percentage of Total Sleep Time are as follows: Stage N1 is within normal limits at 7.8%, Stage N2 is increased at 72.1%, Stage N3 is not observed and Stage R is within normal limits at 20.1%.

Apneas, hypopneas, desaturations, snoring and associated arousals were essentially eliminated on optimal settings of CPAP of 12 cmH<sub>2</sub>O with EPR 2.

Continuous pulse oximetry revealed a Mean Oxygen Saturation of 94.4% with significantly reduced desaturation episodes on optimal CPAP settings.

There were 24 Limb Movements and 40 Periodic Limb Movements noted. The Periodic Limb Movement Index was 0.0 event(s) per hour of sleep and the Periodic Limb Movement Arousal Index was 0.0 event(s) per hour of sleep. Limb movements were not predominantly related to Respiratory Effort Related and/or Spontaneous arousals.

3 Spontaneous arousals were noted yielding an Spontaneous Arousal Index of 0.5 arousals per hour of sleep.

Cardiac monitoring demonstrated Normal Sinus Rhythm, no significant cardiac arrhythmias noted.

Audio and Video monitoring did not reveal any abnormal sleep behaviors or parasomnias.

 7/17/15  
D. Stoffan, PA  
FCI/FPC Schuylkill

**Bureau of Prisons  
Health Services  
Clinical Encounter - Administrative Note**

Inmate Name: SERRANO, ANTHONY		Reg #: 24637-050
Date of Birth: 03/03/1974	Sex: M Race: BLACK	Facility: NYM
Note Date: 07/03/2014 09:44	Provider: Bussanich, A. MD	Unit: G06

Medical Trip Return encounter performed at Health Services.

**Administrative Notes:**

**ADMINISTRATIVE NOTE 1**      **Provider:** Bussanich, A. MD

RETURNED FROM MEDICAL TRIP YESTERDAY AFTER MLP HAD LEFT FOR THE EVENING. NO INTAKE DONE. PAPERWORK REVIEWED.  
ED PHYSICIAN STATES "HEMATURIA, LEFT PUNCTUATE NONOBSTRUCTING KIDNEY STONE IN DISTAL URETER, NORMAL CREATININE, NO SIGNS OF INFECTION ON UA, FLOMAX DAILY FOR FOUR WEEKS, MOTRIN TID PRN PAIN. F/U UROLOGY IN ONE WEEK."  
REVIEWING CT RESULTS FROM THAT VISIT HOWEVER, STATES PUNCTUATE OBSTRUCTING CALCULUS INVOLVING THE DISTAL LEFT URETER JUST ABOVE THE LEFT URETEROVESICULAR JUNCTION WITH MILDLY ENLARGED LEFT KIDNEY AND PERINEPHRIC STRANDING. DILATED LEFT RENAL PELVIS."  
PLAN: AS ABOVE. WILL ALSO ORDER KUB FOR NEXT WEEK TO RE-ASSESS LOCATION OF STONE. DUE TO SHORT NOTICE AND HOLIDAY INTERSPERSED, DOUBT WE WILL BE ABLE TO GET THIS PATIENT OUT TO UROLOGY IN ONE WEEK ESPECIALLY SINCE THE UROLOGYCLINIC IS HELD ON THURSDAYS. WILL TRY TO GET HIM TO UROLOGY AT THE FIRST AVAILABLE OPENING.

**ASSESSMENTS:**

Renal colic, 788.0 - Current, Temporary/Acute, Not Assessed

**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Ibuprofen Tablet	07/03/2014 09:44	TAB 600 MG Orally - three times a day PRN x 30 day(s)
<b>Indication:</b> Renal colic			
<b>One Time Dose Given:</b> No			
	Tamsulosin Capsule	07/03/2014 09:44	CAP 0.4 MG Orally - daily x 28 day(s)
<b>Indication:</b> Renal colic			
<b>One Time Dose Given:</b> No			

**New Laboratory Requests:**

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-Basic Metabolic Profile	One Time	07/09/2014 00:00	Routine

**New Radiology Request Orders:**

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Abdomen-GU-KUB	One Time		07/09/2014	Routine
<b>Specific reason(s) for request (Complaints and findings):</b>				
LEFT DISTAL RENAL CALCULUS AT URETEROVESICULAR JUNCTION. PLEASE ASSESS FOR PROGRESSION				

Inmate Name: SERRANO, ANTHONY	Sex: M	Race: BLACK	Reg #: 24637-050
Date of Birth: 03/03/1974	Provider: Bussanich, A. MD	Facility: NYM	Unit: G06
Note Date: 07/03/2014 09:44			

**New Consultation Requests:**

<u>Consultation/Procedure</u>	<u>Due Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Urology			No	

**Reason for Request:**

PATIENT SEEN IN THE EMERGENCY DEPT. AT THE BROOKLYN HOSPITAL ON 07/02/2014 SECONDARY TO INCREASING LEFT FLANK PAIN AND HEMATURIA. SUSPECTED CALCULUS CONFIRMED ON CT SCAN COMPLETED ON THAT DATE. ED PHYSICIAN NOTED NON OBSTRUCTING LEFT PUNCTATE KIDNEY STONE IN DISTAL URETER. CT REPORT STATES PUNCTATE OBSTRUCTIN CALCULUS INVOLVING THE DISTAL LEFT URETER. ED PHYSICIAN 'S RECOMMENDATION WAS TO FOLLOW UP WITH UROLOGY IN ONE WEEK.

**Provisional Diagnosis:**

LEFT RENAL CALCULUS  
FOR FOLLOW UP VISIT ASAP

Copay Required: No                      Cosign Required: No  
Telephone/Verbal Order: No

Completed by Bussanich, A. MD on 07/03/2014 10:02

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: SERRANO, ANTHONY  
Date of Birth: 03/03/1974  
Encounter Date: 07/02/2014 14:46  
Sex: M Race: BLACK  
Provider: Bussanich, A. MD  
Reg #: 24637-050  
Facility: NYM  
Unit: G06

Emergency encounter performed at Health Services.

**SUBJECTIVE:**

**COMPLAINT 1** Provider: Bussanich, A. MD

**Chief Complaint:** Abdominal Pain

**Subjective:** SENT BY HIS UNIT OFFICER WHO STATED THE PATIENT WAS COMPLAINING OF INCREASING PAIN AND "PASSING BLOOD" IN HIS URINE. THE PATIENT STATES THAT THE LAST DOSE OF IM TORADOL AND PHENRGAN HELPED BUT "DID NOT LAST LONG." HE STATES THE PAIN HAS NOT MIGRATED BUT IS PREDOMINANTLY IN THE LEFT LOWER QUADRANT AND AT TIMES AT THE SIGHT OF THE UMBILICAL HERNIA. THE ADMIT DOES ADMIT THE PAIN IS INCREASING TO 10/10. HE URINATED URINE WITH BLOOD PRIOR TO COMING DOWN TO HSU AND THE LAB TECH CONFIRMS 4+ BLOOD IN THE URINE IN THE SPECIMEN OBTAINED EARLIER TODAY.

**Pain Location:** Abdomen-LLQ

**Pain Scale:** 10

**Pain Qualities:** Colicky | Aching | Dull

**History of Trauma:**

**Onset:**

**Duration:**

**Exacerbating Factors:**

**Relieving Factors:**

**Comments:**

**ROS:**

**GI**

**General**

Yes: Abdominal Pain or Colic

**OBJECTIVE:**

**Temperature:**

Date	Time	Fahrenheit	Celsius	Location	Provider
07/02/2014	15:04 NYM	97.0	36.1	Oral	Bussanich, A. MD

**Pulse:**

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/02/2014	15:04	72	Via Machine	Regular	Bussanich, A. MD

**Blood Pressure:**

Date	Time	Value	Location	Position	Cuff Size	Provider
07/02/2014	15:04 NYM	144/92	Right Arm	Sitting	Adult-large	Bussanich, A. MD

**SaO2:**

Date	Time	Value(%)	Air	Provider
07/02/2014	15:04 NYM	99	Room Air	Bussanich, A. MD

**Exam:**

**General**

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: SERRANO, ANTHONY  
Date of Birth: 03/03/1974  
Encounter Date: 07/02/2014 09:11

Sex: M Race: BLACK  
Provider: Bussanich, A. MD

Reg #: 24637-050  
Facility: NYM  
Unit: G06

Emergency encounter performed at Health Services.

**SUBJECTIVE:**

**COMPLAINT 1**      **Provider:** Bussanich, A. MD

**Chief Complaint:** Pain

**Subjective:** WAS CALLED EARLIER TODAY AT 0230 HOURS BY THE LT. THE PATIENT BEGAN COMPLAINING OF PAIN AFTER HIS EVENING MEAL. HAD VOMITED GASTRIC CONTENTS 1-2X LAST PM BEFORE THE LT CALLED ME CONCERNING THE INMATE AND HIS ABDOMINAL PAIN. THE PATIENT HAS A HISTORY OF AN UMBILICAL HERNIA. HE COMPLAINS OF PAIN IN THE UMBILICAL HENIA AREA AND THE LEFT UPPER QUADRANT. PAIN RADIATES TO HIS LEFT TESTICLE. HAS NAUSEA, HAD BM OF SOLID FECES YESTERDAY. URINATING "VERY LITTLE" YET DRINKING OVER A LITER OF FLUIDS.

**Pain Location:**

**Pain Scale:** 8

**Pain Qualities:** Colicky | Dull | Deep

**History of Trauma:**

**Onset:** 1-2 Days

**Duration:** 1-2 Days

**Exacerbating Factors:**

**Relieving Factors:**

**Comments:**

**ROS:**

**GI**

**General**

Yes: Abdominal Pain or Colic

**OBJECTIVE:**

**Temperature:**

Date	Time	Fahrenheit	Celsius	Location	Provider
07/02/2014	09:30 NYM	95.7	35.4	Oral	Bussanich, A. MD

**Pulse:**

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/02/2014	09:30	84	Via Machine	Regular	Bussanich, A. MD

**Blood Pressure:**

Date	Time	Value	Location	Position	Cuff Size	Provider
07/02/2014	09:30 NYM	143/94	Right Arm	Sitting	Adult-large	Bussanich, A. MD

**Height:**

Date	Time	Inches	Cm	Provider
07/02/2014	09:30 NYM	71.0	180.3	Bussanich, A. MD

**Weight:**

Date	Time	Lbs	Kg	Waist Circum.	Provider
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**Bureau of Prisons  
Health Services  
Clinical Encounter - Administrative Note**

Inmate Name: SERRANO, ANTHONY	Reg #: 24637-050
Date of Birth: 03/03/1974	Sex: M Race: WHITE
Note Date: 11/29/2018 09:17	Facility: BUF
	Unit: G04

Admin Note - Orders encounter performed at Health Services.

**Administrative Notes:**

**ADMINISTRATIVE NOTE 1**      **Provider:** Adkins, Jennifer FNP-C  
NMOS order for CPAP supplies.

**New Non-Medication Orders:**

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
C-Pap Face Mask	Every 6 months	365 days		Adkins, Jennifer FNP-C
<b>Order Date:</b> 11/29/2018				
C-Pap Filter	Every 6 months	365 days		Adkins, Jennifer FNP-C
<b>Order Date:</b> 11/29/2018				
C-Pap Hose	Every 6 months	365 days		Adkins, Jennifer FNP-C
<b>Order Date:</b> 11/29/2018				

**Discontinued Non-Medication Orders:**

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
C-Pap Face Mask	Every 6 months	365 days		Adkins, Jennifer FNP-C
<b>Discontinue Reason:</b> Renewed				
<b>Order Date:</b> 12/21/2017				
<b>End Date:</b> 07/02/2018				
C-Pap Filter	Every 6 months	365 days		Adkins, Jennifer FNP-C
<b>Discontinue Reason:</b> Renewed				
<b>Order Date:</b> 12/21/2017				
<b>End Date:</b> 07/02/2018				
C-Pap Hose	Every 6 months	365 days		Adkins, Jennifer FNP-C
<b>Discontinue Reason:</b> Renewed				
<b>Order Date:</b> 12/21/2017				
<b>End Date:</b> 07/02/2018				

**Copay Required:** No      **Cosign Required:** No

**Telephone/Verbal Order:** No

Completed by Adkins, Jennifer FNP-C on 11/29/2018 09:18

**Bureau of Prisons  
Health Services  
Inmate Intra-Complex Transfer**

Reg #: 24637-050

Inmate Name: SERRANO, ANTHONY

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Transfer To: FMC-Cadre

Transfer Date: 12/12/2018

**Health Problems**

<u>Health Problem</u>	<u>Status</u>
Umbilical hernia fat containing	Current
Sleep apnea, unspecified used CPAP machine since 2008- left at home	Current
Obesity	Current
Metabolic disorder, unspecified pre-DM, A1C = 5.8	Current
Other specified arthritis, unspecified site OA LEFT shoulder	Current
Unspecified abdominal pain muscle strain vs RIH	Current
Hematuria, unspecified	Current
Edema, unspecified BLE	Current
Body mass index (BMI) 40.0-44.9, adult	Current

**Medications:** All medications to be continued until evaluated by a physician unless otherwise indicated.  
**Bolded drugs required for transport.**

None

**OTCs:** Listing of all known OTCs this inmate is currently taking.

None

**Pending Appointments**

<u>Date</u>	<u>Time</u>	<u>Activity</u>	<u>Provider</u>
12/07/2018	00:00	Exit Summary	MLP 03
05/20/2019	00:00	Preventive Health Visit	MLP 03
07/20/2019	00:00	PPD Administration	Nurse

**TB Clearance:** Yes

Last PPD Date: 07/20/2018

Last Chest X-Ray Date: \_\_\_\_\_

TB Treatment: \_\_\_\_\_

TB Follow-up Recommended: No

Induration: 0mm

Results: \_\_\_\_\_

Sx free for 30 days: Yes

**Sickle Cell:**

Sickle Cell Trait/Disease: No

**Limitations/Restrictions/Diets:**

Cell: lower bunk --- 12/07/2018

Other Housing Status Restrictions: Crutches returned 8/30/18 --- permanent

Cleared for Food Service: Yes

MDS Comments: Medical Care Level One

**Comments:**

Transfer to Butner Cadre on 12/12/18

ppd 7/20/18 0MM



**Bureau of Prisons  
Health Services  
Inmate Local Hospital**

Reg #: 24637-050

Inmate Name: SERRANO, ANTHONY

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Transfer To: \_\_\_\_\_

Transfer Date: 05/22/2019

**Health Problems**

<u>Health Problem</u>	<u>Status</u>
Umbilical hernia fat containing	Current
Sleep apnea, unspecified used CPAP machine since 2008- left at home	Current
Obesity	Current
Metabolic disorder, unspecified pre-DM, A1C = 5.8	Current
Other specified arthritis, unspecified site OA LEFT shoulder	Current
Edema, unspecified BLE	Current
Prediabetes	Current
Fracture of shaft of humerus [arm]	Current
Injury of ankle, unspecified right ankle;xray neg for fx; partial wt. bearing with crutches(12/26)	Current
Body mass index (BMI) 40.0-44.9, adult	Current

**Medications:** All medications to be continued until evaluated by a physician unless otherwise indicated.  
**Bolded drugs required for transport.**

**Morphine Sulfate (PF) 2 MG/ML Inj** Exp: 05/22/2019 SIG: 2mg administered Intra-Muscularly 5/22/2019 \*\*\*pIII line\*\*\*

**OTCs:** Listing of all known OTCs this Inmate is currently taking.  
None

**Pending Appointments**

<u>Date</u>	<u>Time</u>	<u>Activity</u>	<u>Provider</u>
07/20/2019	00:00	PPD Administration	Nurse-Ambulatory Care Clinic
08/01/2019	00:00	Preventive Health Visit	MLP 10

**TB Clearance:** No

Last PPD Date: 07/20/2018

Last Chest X-Ray Date: \_\_\_\_\_

TB Treatment: \_\_\_\_\_

TB Follow-up Recommended: No

Induration: 0mm

Results: \_\_\_\_\_

Sx free for 30 days: Yes

**Sickle Cell:**

Sickle Cell Trait/Disease: No

**Limitations/Restrictions/Diets:**

Cell: lower bunk -- 12/31/2019

Other Housing Status Restrictions: Crutches returned 8/30/18 -- permanent

Cleared for Food Service: Yes

MDS Comments: Medical Care Level One

**Comments:**

Rec Yard Injury(right arm)

**Bureau of Prisons  
Health Services  
Supplies**

**Begin Date:** 06/18/2018

**End Date:** 06/17/2019

**Reg #:** 24637-050

**Inmate Name:** SERRANO, ANTHONY

<u>Supply</u>	<u>Quantity</u>	<u>Date Issued</u>
TED Hose	2	03/15/2019
Orig Entered: 03/15/2019 08:24 EST Simons, C. RN		
TED Hose	Unavailable	02/06/2019
Orig Entered: 02/06/2019 17:55 EST Rivera, Y. RN		
C-Pap Face Mask	Unavailable	12/13/2018
transferred to the fmc		
Orig Entered: 12/13/2018 16:12 EST Lane, Yvonne RN		
C-Pap Hose	Unavailable	12/13/2018
transferred to the fmc		
Orig Entered: 12/13/2018 16:12 EST Lane, Yvonne RN		
C-Pap Filter	Unavailable	12/13/2018
transferred to the fmc		
Orig Entered: 12/13/2018 16:12 EST Lane, Yvonne RN		
C-Pap Face Mask	Unavailable	06/27/2018
Orig Entered: 06/27/2018 20:20 EST Lane, Yvonne RN		
C-Pap Hose	Unavailable	06/27/2018
Orig Entered: 06/27/2018 20:21 EST Lane, Yvonne RN		
C-Pap Filter	Unavailable	06/27/2018
Orig Entered: 06/27/2018 20:20 EST Lane, Yvonne RN		

Bureau of Prisons  
Health Services  
Consultation Request

6-17-19 Cadu

Inmate Name: SERRANO, ANTHONY Reg #: 24637-050 Complex: BUX  
Date of Birth: 03/03/1974 Sex: M

Consultation/Procedure Requested: Orthopedist

Subtype: Inhouse

Priority: Routine

Target Date: 06/17/2019

Reason for Request:

Elbow not fully reduced: please evaluate indications for surgical reduction

Provisional Diagnosis:

s/p Right elbow dislocation/reduction 05/22/19

Medications (As of 06/14/2019)

Docusate Sodium 100 MG Cap Exp: 06/30/2019 SIG: Take one capsule (100 MG) by mouth twice daily for constipation

Lactulose (473 ML) 10 GM/15 ML Soln Exp: 06/14/2019 SIG: give 45mL by mouth each day AS NEEDED for constipation

oxyCODONE HCl 5 MG Tab UD Exp: 06/14/2019 SIG: Take two tablets (10 MG) by mouth four times daily AS

NEEDED for chronic unrelenting pain 6-10/10 \*\*\*crush/empty\*\*\* \*Date of last pain assessment: 5/22/19 \*\*\*pill line\*\*\*

oxyCODONE HCl 5 MG Tab UD Exp: 06/14/2019 SIG: Take one tablet (5 MG) by mouth four times daily AS

NEEDED for chronic unrelenting pain 1-5/10 \*\*\*crush/empty\*\*\* \*Date of last pain assessment: 5/22/19 \*\*\*pill line\*\*\*

Senna 8.6 MG Tab Exp: 06/30/2019 SIG: Take two tablets (17.2 MG) by mouth each day

Allergies (As of 06/14/2019)

No Known Allergies

Health Problems (As of 06/14/2019)

Sleep apnea, unspecified, Umbilical hernia, Other specified arthrits, unspecified site, Obesity, Body mass Index (BMI) 40.0-44.9, adult, Metabolic disorder, unspecified, Edema, unspecified, Injury of ankle, unspecified, Prediabetes, Fracture of shaft of humerus [arm]

Inmate Requires Translator: No Language:

Additional Records Required:

Comments:

Requested By: Howard, Arnold PA-C

Ordered Date: 06/13/2019 15:12

Scheduled Target Date: 06/17/2019 00:00

Level of Care: Medically Necessary - Non-Emergent

**OPERATIVE REPORT****U.S. DEPARTMENT OF JUSTICE****FEDERAL BUREAU OF PRISONS**

<b>Name:</b> Serrano, Anthony <b>Reg. #:</b> 24637-050 <b>DOB:</b> 03/03/1974 <i>Path Case</i>		<b>Referred By:</b> BUTNER FCI <b>Attending:</b> OGLE, ADRIAN
<b>PROCEDURE:</b> Flexible cystoscopy.		
<b>Date of Visit:</b> 03/15/2019	<b>Dictation Received:</b> 03/15/2019	<b>Dictation Transcribed:</b> 03/15/2019

**Sensitive but Unclassified****OPERATIVE NOTE****PREOPERATIVE DIAGNOSIS:** Gross hematuria.**POSTOPERATIVE DIAGNOSIS:** Gross hematuria.**ATTENDING:** Adrian Ogle, MD.**ANESTHESIA:** Local.**ESTIMATED BLOOD LOSS:** Zero.**FINDINGS:** No lesions.**CONDITION:** Stable.**INDICATIONS FOR OPERATION:** This is a 35-year-old male with a history of gross hematuria. CT urogram 10/16/2018 negative. Urine cytology 01/25/2019 negative. He presents now for a cystoscopy.**DESCRIPTION OF PROCEDURE:** Patient was brought to the OR. He was supine on the stretcher. Timeout was taken. The patient and procedure were properly identified. He had his genitalia prepped and draped in a sterile manner. His urethra had been previously anesthetized with 2 percent lidocaine in the preop area. A flexible cystoscope was introduced through the urethral meatus and passed into the bladder, inspection of the bladder revealed no lesions. He was noted to have a visually occlusive prostate, bilateral ureteral orifices were identified with clear efflux. The scope was removed, and he was transferred to recovery room in stable condition.**PLAN:** If the gross hematuria recurs, he needs to be seen by nephrology.**Signature:**Adrian Ogle, M.D.**AO****Electronically Signed 03/18/2019 14:34****Job No: 316723**

Bureau of Prisons  
Health Services  
Inmate Intra-system Transfer

FCI LORETTO

Reg #: 24637-050

Inmate Name: SERRANO, ANTHONY

SENSITIVE BUT UNCLASSIFIED - This information is confidential and must be appropriately safeguarded.

Transfer To: LOR

Transfer Date: 12/20/2019

**Health Problems**

<u>Health Problem</u>	<u>Status</u>
Umbilical hernia fat containing	Current
Sleep apnea, unspecified used CPAP machine since 2008- left at home	Current
Obesity	Current
Metabolic disorder, unspecified pre-DM, A1C = 5.8	Current
Other specified arthritis, unspecified site OA LEFT shoulder	Current
Edema, unspecified BLE	Current
Predabetes	Current
Fracture of shaft of humerus [arm]	Current
Injury of ankle, unspecified right ankle;xray neg for fx; partial wt. bearing with crutches(12/26)	Current
Body mass index (BMI) 40.0-44.8, adult	Current
Other specified postprocedural states	Current

**Medications:** All medications to be continued until evaluated by a physician unless otherwise indicated.  
**Bolded drugs required for transport.**

Ibuprofen 600 MG Tab Exp: 12/20/2019 SIG: Take one tablet (600 MG) by mouth twice daily as needed for pain \*\*expires 12/20/19\*\*

**OTCs:** Listing of all known OTCs this inmate is currently taking.  
None

**Pending Appointments:**

<u>Date</u>	<u>Time</u>	<u>Activity</u>	<u>Provider</u>
12/05/2019	00:00	Hepatitis B Series Immunization	IDC
04/30/2020	00:00	Hepatitis B Series Immunization	IDC
07/23/2020	00:00	PPD Administration	Nurse
08/19/2020	00:00	Preventive Health Visit	MLP 10

**Non-Medecation Orders:**

No Data Found

**Active Alerts:**

No Data Found

**Consultations:**

**Pending Institutional Clinical Director Action**

No Data Found

**Pending UR Committee Action**

No Data Found

**Pending Regional Review Action**

No Data Found

W

8/9/19  
0915

Emerg Ortho Triangle Ortho Aland

BUH on care  
in low

**Bureau of Prisons  
Health Services  
Consultation Request**

Inmate Name: SERRANO, ANTHONY  
Date of Birth: 03/03/1974

Reg #: 24637-050  
Sex: M

Complex: BOX

Consultation/Procedure Requested: Orthopedist

Subtype: Off-site

Priority: Routine

Target Date: 08/09/2019

Reason for Request:

Dr Aldridge Emerge Ortho: post operative f/u right elbow dislocation

Provisional Diagnosis:

s/p placement of internal splint for instability s/p elbow dislocation

Medications (As of 07/11/2019)

Acetaminophen 325 MG Tab UD Exp: 08/07/2019 SIG: Take two tablets (650 MG) by mouth every six hours as needed for pain \*\*\*pill line\*\*\*

Docusate Sodium 100 MG Cap Exp: 08/07/2019 SIG: Take one capsule (100 MG) by mouth twice daily

oxyCODONE HCl 5 MG Tab UD Exp: 07/22/2019 SIG: Take two tablets (10 MG) by mouth four times daily AS NEEDED for chronic unremitting pain rated 5-7/10 \*Date of last pain assessment: 7/1/19 \*\*\*crush/empty\*\*\* \*\*\*pill line\*\*\*

oxyCODONE HCl 5 MG Tab UD Exp: 07/22/2019 SIG: Take one tablet (5 MG) by mouth four times daily AS NEEDED for chronic unremitting pain rated 1-4/10 \*Date of last pain assessment: 7/1/19 \*\*\*crush/empty\*\*\* \*\*\*pill line\*\*\*

oxyCODONE HCl 5 MG Tab UD Exp: 07/22/2019 SIG: Take three tablets (15 MG) by mouth four times daily AS NEEDED for chronic unremitting pain rated >8/10 \*Date of last pain assessment: 7/1/19 \*\*\*crush/empty\*\*\* \*\*\*pill line\*\*\*

Senna 8.6 MG Tab Exp: 08/07/2019 SIG: Take two tablets (17.2 MG) by mouth daily

Allergies (As of 07/11/2019)

No Known Allergies

Health Problems (As of 07/11/2019)

Sleep apnea, unspecified, Umbilical hernia, Other specified arthritis, unspecified site, Obesity, Body mass Index (BMI) 40.0-44.9, adult, Metabolic disorder, unspecified, Edema, unspecified, Injury of ankle, unspecified, Prediabetes, Fracture of shaft of humerus [arm], Other specified postprocedural states

Inmate Requires Translator: No Language:

Additional Records Required:

Comments:

Requested By: Hall, Reginald MD

Ordered Date: 07/09/2019 08:53

Scheduled Target Date: 08/09/2019 00:00

Level of Care: Medically Necessary - Non-Emergent

## Patient Instructions

### High Risk for Obstructive Sleep Apnea

You have been identified as being a high risk for Obstructive Sleep Apnea. You have received medications and/or anesthesia that will make it necessary for you follow careful instructions. The medications for pain and/or anesthesia can take up to 96 hours to clear your system. You may have been prescribed additional medications that can affect sleep apnea. For these reasons it is very important that when you are sleeping, heavily medicated or dozing that you wear your prescribed equipment. Failure to do so can result in inadequate breathing, lack of oxygen to the brain and sometimes death.

In many cases, self-care may be the most appropriate way for you to deal with obstructive sleep apnea. Try these tips:

- If you already have a CPAP machine, continue using after surgery. Please see attached for instruction on "The Use of CPAP After Surgery".
  - Lose weight. Even a slight loss of excess weight may help relieve narrowing of your airway. This is the most important action you can take for your sleep apnea.
  - Avoid alcohol, particularly just prior to sleep. It causes frequent nighttime awakenings, and makes the upper airway breathing muscles relax.
  - If ok with your physician:
    - Sleep on your side or abdomen rather than on your back. Sleeping on your back can cause your tongue and soft palate to rest against the back of your throat and block your airway. To prevent sleeping on your back, try sewing a tennis ball in the back of your pajama top.
  - Quit smoking. Cigarette smoking worsens swelling in the upper airway, making apnea (and snoring) worse.
- Educate caregivers about the risks of Obstructive Sleep Apnea and the need for the caregiver to monitor patients more closely

### ➤ ONLY TAKE MEDICATIONS ORDERED BY YOUR DOCTOR.

This is very important! Combinations of some medications such as sedatives and pain medications can increase your risk of problems with your airway while sleeping.

Please ask if you have any questions.

I have read and understand these instructions.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Nurse Signature

\_\_\_\_\_  
Date/Time

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: SERRANO, ANTHONY  
Date of Birth: 03/03/1974  
Encounter Date: 01/31/2019 14:20

Sex: M Race: WHITE  
Provider: Kubin, Rachel PA-C

Reg #: 24637-050  
Facility: BUH  
Unit: W06

Mid Level Provider - Follow up Visit encounter performed at Health Services.

**SUBJECTIVE:**

**COMPLAINT 1**      **Provider:** Kubin, Rachel PA-C

**Chief Complaint:** Other Problem

**Subjective:** He was brought in for a follow up of his leg cellulitis- and labs. he says it feels much better- and he has no drainage @ all anymore. He used to wear TED hose on the complex- but no longer has these now. He admits he has not been eating well and is frustrated to see he has gained even more weight.  
He asks for a humidifier for his sleep apnea machine

**Pain:** PMHX- 44 yo morbidly obese M with sleep apnea and chronic LE edema  
No

**OBJECTIVE:**

**Exam Comments**

BLE 1-2 plus pitting edema  
RLE cellulitis resolved with dry scabbed skin where prior infection present- no erythema, no drainage

labs 1/24/19 CMP wnl  
TSH 4.028 0.350-4.940 uIU/mL  
HEMOGLOBIN A1C  
Hemoglobin A1C H 6.0 <5.7 %

**ASSESSMENT:**

Edema, unspecified, R609 - Current

Local infection of the skin and subcutaneous tissue, unsp, L089 - Resolved

Prediabetes, R7303 - Current

**PLAN:**

**Discontinued Consultation Requests:**

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Specialty Procedure - In house	02/07/2019	02/07/2019	Routine	No	

**Subtype:**

Sleep Study Equipment

**Reason for Request:**

humidification for CPAP- water ordered in NMOS  
thanks

**Discontinued Non-Medication Orders:**

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
C-Pap Humidifier	One Time			Kubin, Rachel PA-C

**Discontinue Reason:** No longer indicated

**Order Date:** 01/30/2019



Inmate #  
Date of  
Encoun

**Bureau of Prisons  
Health Services  
Clinical Encounter**

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04

Inmate Name: SERRANO, ANTHONY  
Date of Birth: 03/03/1974  
Encounter Date: 05/06/2020 13:45

Sex: M Race: WHITE  
Provider: Krepps, Jim PA-C

Reg #: 24637-050  
Facility: LOR  
Unit: K01

Exam:  
G

Mid Level Provider - Follow up Visit encounter performed at Health Services.

**SUBJECTIVE:**

**COMPLAINT 1** Provider: Krepps, Jim PA-C

**Chief Complaint:** HYPERTENSION

S

**Subjective:** Pt for follow up of HTN. Pt states that he has been doing well. Has been compliant with medications without side-effects. Pt denies chest pain, shortness of breath, fever/chills, abdominal pain, headache, dizziness or vision changes.

**Pain:** No

ASS

**OBJECTIVE:**

Ess:

**Temperature:**

PLA

Date	Time	Fahrenheit	Celsius	Location	Provider
05/06/2020	13:47 LOR	98.1	36.7	Forehead	Krepps, Jim PA-C
04/09/2020	11:33 LOR	98.5	36.9		Swindell, Kim MD/CD
04/08/2020	18:55 LOR	98.6	37.0	Oral	Higgins, Shianne NRP, Paramedic
04/08/2020	12:40 LOR	100.5	38.1		Swindell, Kim MD/CD

Disj

Oth

**Pulse:**

Pa:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
05/06/2020	13:47 LOR	83	Via Machine	Regular	Krepps, Jim PA-C
04/09/2020	11:33 LOR	100			Swindell, Kim MD/CD
04/08/2020	18:55 LOR	98			Higgins, Shianne NRP,
04/08/2020	12:40 LOR	106			Swindell, Kim MD/CD

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**Respirations:**

Date	Time	Rate Per Minute	Provider
05/06/2020	13:47 LOR	14	Krepps, Jim PA-C
04/09/2020	11:33 LOR	14	Swindell, Kim MD/CD
04/08/2020	18:55 LOR	20	Higgins, Shianne NRP, Paramedic
04/08/2020	12:40 LOR	14	Swindell, Kim MD/CD

**Blood Pressure:**

Date	Time	Value	Location	Position	Cuff Size	Provider
05/06/2020	13:47 LOR	123/83	Right Arm	Sitting	Adult-large	Krepps, Jim PA-C
04/09/2020	11:33 LOR	120/88				Swindell, Kim MD/CD
04/08/2020	18:55 LOR	126/82				Higgins, Shianne NRP,
04/08/2020	12:40 LOR	139/96				Swindell, Kim MD/CD

**SaO2:**

Date	Time	Value(%)	Air	Provider
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Inmate Name	SLERRANO ANTHONY	Sex	M	Race	WHITE	Reg #	24637-050
Date of Birth	03/03/1974	Provider	Krepps, Jim PA-C	Facility	LOR	Unit	K01
Encounter Date	05/06/2020 13:45						

Date	Time	Value(%)	Alt	Provider
04/09/2020	11:33	LOR	98	Swindell, Kim MD/CD
04/08/2020	18:55	LOR	97 Room Air	Higgins, Shianne NRP, Paramedic
04/08/2020	12:40	LOR	96 Room Air	Swindell, Kim MD/CD

**Exam:**

**General**

**Appearance**

Yes: Alert and Oriented x 3  
No: Appears Distressed

**Skin**

**General**

Yes: Dry, Skin Intact

**ASSESSMENT:**

Essential (primary) hypertension, I10 - Current

**PLAN:**

**Disposition:**

Follow-up at Chronic Care Clinic as Needed

**Other:**

Continue present medications

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
05/06/2020	Counseling	Plan of Care	Krepps, Jim	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Krepps, Jim PA-C on 05/06/2020 13:49

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: SERRANO, ANTHONY  
Date of Birth: 03/03/1974  
Encounter Date: 03/16/2020 13:46

Sex: M Race: WHITE  
Provider: Krepps, Jim PA-C

Reg #: 24637-050  
Facility: LOR  
Unit: K01

Mid Level Provider - Follow up Visit encounter performed at Health Services.

**SUBJECTIVE:**

**COMPLAINT 1**      **Provider:** Krepps, Jim PA-C

**Chief Complaint:** HYPERTENSION

**Subjective:** Pt for follow up regarding elevated blood pressure. See prior notes. Pt's BP has remained high/borderline when rechecked by nursing. Has been compliant with HCTZ without side effects. Pt denies chest pain, shortness of breath, fever/chills, abdominal pain, headache, dizziness or vision changes.  
CXR: 7/3/2019 .  
EKG: 3/11/2019 .  
TSH: 1/24/2019 .  
Baseline opto exam: none in BEMR.  
**Pain:** No

**OBJECTIVE:**

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
03/16/2020	13:49 LOR	65	Via Machine	Regular	Krepps, Jim PA-C

**Respirations:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
03/16/2020	13:49 LOR	14	Krepps, Jim PA-C

**Blood Pressure:**

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
03/16/2020	13:49 LOR	138/91	Right Arm	Sitting	Adult-large	Krepps, Jim PA-C

**Exam:**

**General**

**Appearance**

Yes: Alert and Oriented x 3  
No: Appears Distressed

**Skin**

**General**

Yes: Dry

**Pulmonary**

**Auscultation**

Yes: Clear to Auscultation  
No: Crackles, Rhonchi, Wheezing

**Cardiovascular**

**Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2  
No: M/R/G

**ASSESSMENT:**

Inmate Name: SERRANO, ANTHONY  
Date of Birth: 03/03/1974  
Encounter Date: 03/16/2020 13:46

Sex: M Race: WHITE  
Provider: Krepps, Jim PA-C

Reg #: 24637-050  
Facility: LOR  
Unit: K01

Essential (primary) hypertension, I10 - Current

**PLAN:**

**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Lisinopril Tablet	03/16/2020 13:46
<b>Prescriber Order:</b> 20 mg - 1 tab Orally - daily x 180 day(s)		
<b>Indication:</b> Essential (primary) hypertension		

**New Non-Medication Orders:**

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Blood Pressure	Weekly	21 days		Krepps, Jim PA-C
<b>Order Date:</b>		03/16/2020		

**Schedule:**

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Follow-up BP	04/16/2020 00:00	MLP 02

**Disposition:**

Follow-up in 1 Month

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
03/16/2020	Counseling	Plan of Care	Krepps, Jim	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Krepps, Jim PA-C on 03/16/2020 13:52

# Bureau of Prisons Health Services Clinical Encounter

Inmate Name: SERRANO, ANTHONY

Date of Birth: 03/03/1974

Encounter Date: 02/10/2020 11:52

Sex: M Race: WHITE

Provider: Krepps, Jim PA-C

Reg #: 24637-050

Facility: LOR

Unit: K01

Mid Level Provider - Follow up Visit encounter performed at Health Services.

## SUBJECTIVE:

**COMPLAINT 1** Provider: Krepps, Jim PA-C

**Chief Complaint:** Other Problem

**Subjective:** 1. Pt for follow up regarding elevated blood pressure. See note 1/2/2020. Pt's BP has remained high/borderline when rechecked by nursing. Pt denies hx of HTN. Pt denies chest pain, shortness of breath, fever/chills, abdominal pain, headache, dizziness or vision changes.

CXR: 7/3/2019 .

EKG: 3/11/2019 .

TSH: 1/24/2019 .

Baseline opto exam: none in BEMR.

2. Hx right elbow dislocation and open reduction 6/2019. Pt has intermittent pain and swelling of elbow, requests a compression brace for the elbow.

**Pain:** Not Applicable

## OBJECTIVE:

### Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
02/10/2020	12:11 LOR	67	Via Machine	Regular	Krepps, Jim PA-C
01/02/2020	08:28 LOR	69	Via Machine	Regular	Krepps, Jim PA-C

### Respirations:

Date	Time	Rate Per Minute	Provider
02/10/2020	12:11 LOR	14	Krepps, Jim PA-C
01/02/2020	08:28 LOR	14	Krepps, Jim PA-C

### Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
02/10/2020	12:11 LOR	140/95	Right Arm	Sitting	Adult-large	Krepps, Jim PA-C
01/28/2020	13:10 LOR	146/87	Left Arm	Sitting	Adult-large	Beppler, Brittany RN
01/21/2020	13:12 LOR	133/85	Left Arm	Sitting	Adult-large	Beppler, Brittany RN
01/15/2020	12:47 LOR	130/82	Left Arm	Sitting	Adult-large	Beppler, Brittany RN
01/09/2020	11:36 LOR	123/74	Left Arm	Sitting	Adult-regular	Martynuska, N. RN, IOP/IDC
01/02/2020	08:28 LOR	140/89	Right Arm	Sitting	Adult-large	Krepps, Jim PA-C

### Height:

Date	Time	Inches	Cm	Provider
01/02/2020	08:28 LOR	72.0	182.9	Krepps, Jim PA-C

### Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
01/02/2020	08:28 LOR	330.0	149.7		Krepps, Jim PA-C

### Exam:

Immediate Source: J. J. HARRIS, ANTHONY  
Date of Birth: 02/10/1974  
Examination Date: 02/10/2020 11:52

Sex: M Race: WHITE  
Physician: KREPPA, JIM PA-C

Req # 24557-050  
Priority LOR  
Unit R01

**Exam:**

**General**

**Appearance**

Yes: Alert and Oriented x 3  
No: Appears Distressed

**Skin**

**General**

Yes: Dry Skin Intact

**Head**

**General**

Yes: Atraumatic/Normalcephalic

**Neck**

**General**

Yes: Supple  
No: Lymphadenopathy

**Thyroid**

Yes: Within Normal Limits

**Vascular**

Yes: Carotid Pulse Normal

**Pulmonary**

**Auscultation**

Yes: Clear to Auscultation

**Cardiovascular**

**Auscultation**

Yes: Regular Rate and Rhythm (RRR) Normal S1 and S2  
No: M/R/G

**Exam Comments**

Right elbow with healed surgical scars. good ROM

**ASSESSMENT:**

Essential (primary) hypertension, I10 - Current

Pain in unspecified joint, M2550 - Current - Right elbow- s/p Open reduction of dislocation 5/2019

**PLAN:**

**New Medication Orders:**

**Rx# Medication**

Naproxen Tablet

**Prescriber Order:** 500 mg Orally - Two Times a Day PRN x 7 day(s)

Indication: Pain in unspecified joint

hydroCHLOROTHiazide Tablet/Capsule

**Prescriber Order:** 25mg- 1 tab Orally - daily x 180 day(s)

Indication: Essential (primary) hypertension

**Order Date**

02/10/2020 11:52

02/10/2020 11:52

**New Laboratory Requests:**

**Details**

Lab Tests - Short List-General-Basic Metabolic

**Frequency**

One Time

**Due Date**

02/17/2020 00:00

**Priority**

Routine

Inmate  
Date  
Enc

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: SERRANO, ANTHONY  
Date of Birth: 03/03/1974  
Encounter Date: 08/14/2019 15:03

Sex: M Race: WHITE  
Provider: Kubin, Rachel PA-C

Reg #: 24637-050  
Facility: BUH  
Unit: W06

Preventive Health Visit - Male encounter performed at Health Services.

Pul:

**SUBJECTIVE:**

**COMPLAINT 1** Provider: Kubin, Rachel PA-C

**Chief Complaint:** Other Problem

**Subjective:** He is seen for preventative health and for a follow up obesity- A1C and lipids  
He feels like he has been doing better on his diet since he broke his arm- though not  
exercising as much- but doing PT

**Pain:** PMHX- 45 yo morbidly obese M with sleep apnea and chronic LE edema  
No

**ROS:**

**Preventive Health**

**Hypertension screening**

Yes: Blood pressure reviewed

**Colon Cancer**

No: Chronic ulcerative colitis or Crohn's disease, History of adenomas or colon cancer, Inflammatory bowel  
disease, Family history of colon cancer or adenomas

**Lipid Disorders**

No: Diabetes, Existing cardiovascular disease, Family history of elevated lipids, Father/grandfather heart  
attack or stroke <50, History of hypertension and smoking, Mother/grandmother heart attack or stroke <60

**Diabetes**

Yes: BMI Calculated (Value: 43), Overweight (BMI of 27kg/m or greater)

No: First degree relative with diabetes, Hyperlipidemia, B/P greater than 135/80 (treated or untreated)

**Aspirin for CVD Risk**

No: Diabetes and >40, Diabetes & other risk factors: CVD, HTN, Diabetes & smoking, dyslipidemia, CVD  
Risk documented in comments

**Abdominal Aortic Aneurysm**

No: >65 yrs and history of smoking

**Hearing**

No: Occupational risk

**Substance Abuse**

No: Alcohol abuse history, Injection/non-injection drug use history, Tobacco abuse

**Lifestyle**

Yes: BMI > or equal 30 (BMI?: 43)

**Inf. Disease Screening**

Yes: Bloodborne path & Immunization history reviewed, HIV screening offered

**Vision Screening**

Yes: Visual Acuity (Snellen) testing completed

**OBJECTIVE:**

**Temperature:**

Date	Time	Fahrenheit	Celsius	Location	Provider
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Generated 08/14/2019 15:19 by Kubin, Rachel PA-C

Bureau of Prisons - BUH

Page 1 of 9

Inmate Name: SERRANO, ANTHONY  
Date of Birth: 03/03/1974  
Note Date: 07/01/2019 14:41

Sex: M Race: WHITE  
Provider: Preddy, Billy Rec

**Bureau of Prisons  
Health Services  
Clinical Encounter - Administrative Note**

Inmate Name: SERRANO, ANTHONY  
Date of Birth: 03/03/1974  
Note Date: 07/01/2019 14:41

Sex: M Race: WHITE  
Provider: Preddy, Billy Rec

Reg #: 24637-050  
Facility: BUH  
Unit: B05

Recreation Therapy - Evaluation encounter performed at Rehabilitation Services.  
Administrative Notes:

**ADMINISTRATIVE NOTE 1**

Provider: Preddy, Billy Rec Therapist

Diagnosis: Metabolic Disorder, Pre-DM, Obesity, right elbow dislocation/reduction on 5/22/19.  
Reason for Referral: 5/B Initial Recreation Therapy Evaluation.

Prior to incarceration, what leisure activities did you participate in? Patient reports that he enjoyed participating in sports, spending time with family, movies, and socializing.

What resources related to vocational skills or recreational activities were available in your community? Patient reports variety of resources relating to vocational opportunities, and variety of recreational. Movies, parks, exercise, and labor.

Once incarcerated, what activities did you participate in? Sports/exercise.

What activities do you currently participate in? Rehab

How many hours of free time during the day do you currently have for participation? 5-7

Do you know what leisure/recreation activities are offered at the institution? Yes

Prior to incarceration, what vocational skills did you have/develop? Construction/labor jobs

Once incarcerated, what vocational skills/jobs did you participate in? Kitchen as cook

Do you have a work detail, education class, or participate in any other activity that might conflict with group programming? No

Does your energy level change throughout the day? No

What do you do to manage stress or relax? walk away or isolate himself, keep to self

Do you have a history of substance abuse? No

How many times per week do you leave the unit to participate in activities? 3-6

Are there any skills that you want to develop or improve upon? Wants to focus on rehab of right arm and weight loss. weight 320Lb's.

**Areas of Functioning**

Social  
Eye Contact: ☒ Appropriate ☐ Looked away frequently ☐ Little to none  
Voice Quality: ☒ Appropriate ☐ Loud, rapid, manic ☐ Low volume, difficult to hear  
Conversational Skills: ☒ Appropriate ☐ Guarded/Suspicious ☐ Difficult to redirect  
Limitations: None noted

Cognitive  
Attention Span: ☒ Attentive ☐ Needed occasional redirection ☐ Unable to gain/keep attention  
Responses: ☒ Relevant/On-topic ☐ Needed minimal prompting ☐ Did not respond



**Bureau of Prisons  
Health Services  
Inmate Intra-system Transfer**

**Reg #:** 24637-050

**Inmate Name:** SERRANO, ANTHONY

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

**Transfer To:** LOR

**Transfer Date:** 12/20/2019

**Health Problems**

<u>Health Problem</u>	<u>Status</u>
Umbilical hernia fat containing	Current
Sleep apnea, unspecified used CPAP machine since 2008- left at home	Current
Obesity	Current
Metabolic disorder, unspecified pre-DM, A1C = 5.8	Current
Other specified arthritis, unspecified site OA LEFT shoulder	Current
Edema, unspecified BLE	Current
Prediabetes	Current
Fracture of shaft of humerus [arm]	Current
Injury of ankle, unspecified right ankle;xray neg for fx; partial wt. bearing with crutches(12/26)	Current
Body mass index (BMI) 40.0-44.9, adult	Current
Other specified postprocedural states	Current

**Medications:** All medications to be continued until evaluated by a physician unless otherwise indicated.  
**Bolded drugs required for transport.**

**Ibuprofen 600 MG Tab Exp: 12/20/2019 SIG: Take one tablet (600 MG) by mouth twice daily as needed for pain \*\*expires 12/20/19\*\***

**OTCs:** Listing of all known OTCs this inmate is currently taking.

None

**Pending Appointments:**

<u>Date</u>	<u>Time</u>	<u>Activity</u>	<u>Provider</u>
12/05/2019	00:00	Hepatitis B Series Immunization	IDC
04/30/2020	00:00	Hepatitis B Series Immunization	IDC
07/23/2020	00:00	PPD Administration	Nurse
08/19/2020	00:00	Preventive Health Visit	MLP 10

**Non-Medication Orders:**

No Data Found

**Active Alerts:**

No Data Found

**Consultations:**

**Pending Institutional Clinical Director Action**

No Data Found

**Pending UR Committee Action**

No Data Found

**Pending Regional Review Action**

No Data Found

## EXHIBIT B

Co-Chairs

David Patton  
Executive Director  
Federal Defenders of New York

Jon Sands  
Federal Defender  
District of Arizona

May 11, 2020

The Honorable Mitch McConnell  
Majority Leader  
United States Senate  
Washington, DC 20150

The Honorable Charles Schumer  
Minority Leader  
United States Senate  
Washington, DC 20501

The Honorable Nancy Pelosi  
Speaker  
United States House of Representatives  
Washington, DC 20515

The Honorable Kevin McCarthy  
Minority Leader  
United States House of Representatives  
Washington, DC 20151

Dear Members of Congress:

We are grateful for the continued interest in the views of the Federal Public and Community Defenders (“Federal Defenders”) by Congress during the COVID-19 crisis. Federal Defenders and other counsel appointed under the Criminal Justice Act represent 90 percent of all federal defendants. We write because vulnerable individuals in federal detention need your help to protect them from serious illness or death. The following measures would provide badly needed relief:

- A presumption of release under the Bail Reform Act, absent clear and convincing evidence that a person poses a specific threat of violence;
- Broader tools to enable courts to release or transfer—even temporarily—individuals already sentenced, including broader authority to modify existing sentences, grant furloughs, and grant compassionate release; and
- Ongoing, universal testing for all incarcerated individuals and staff, including at private-contract facilities.

We are grateful that on March 27, 2020, Congress unanimously passed the CARES Act, which authorized Attorney General (AG) William P. Barr to expand dramatically the use of home confinement to protect vulnerable individuals from COVID-19.<sup>1</sup> This measure recognized the public-health consensus that reducing the population of prisons and jails is the only way to avert a

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<sup>1</sup> See *Coronavirus Aid, Relief, and Economic Security Act*, H.R. 748 § 6002 at Div. B, Tit. II, Sec. 12003(b)(2)(2020) (“CARES Act”).

humanitarian crisis.<sup>2</sup> But despite promises to take “aggressive”<sup>3</sup> action and “move with dispatch”<sup>4</sup> to stop the spread of COVID-19, the Department of Justice (DOJ) and the Federal Bureau of Prisons (BOP) have made little use of these authorities to reduce prison populations and enable social distancing. Nor have they developed a coherent strategy to protect those in their care or employ.

The death of 30-year-old Andrea Circle Bear on April 28, 2020—four weeks after giving birth to her daughter while on a ventilator—is emblematic of the tragedy unfolding under AG Barr’s watch.<sup>5</sup> On March 20, 2020, Ms. Circle Bear was several months into a two-year sentence for a low-level drug offense, when the United States Marshals transported her from Winner City Jail in South Dakota to FMC Carswell in Texas via its notoriously harsh transport system.<sup>6</sup> She was also in the eighth month of a high-risk pregnancy. Eleven days later she began exhibiting severe symptoms of COVID-19 and was taken to a local hospital where she was placed on a ventilator. The next day her baby was born by emergency cesarean section. Less than a month later, Ms. Circle Bear died from COVID-19.

As Senator Richard Durbin concluded: “Simply put, this tragic death was preventable.”<sup>7</sup> At every turn, DOJ and BOP made choices that contributed to Ms. Circle Bear’s death and put her unborn child at risk. BOP was aware that she was at extremely high risk of death if she contracted COVID-19 because of her medical condition and late term pregnancy. Yet they did nothing to ameliorate that risk; indeed, they exacerbated it. If BOP was making responsible use of its authority to release people, Ms. Circle Bear would not have been in custody—much less transferred a thousand miles away in a manner that did not protect her from contracting a fatal disease.

DOJ and BOP’s failures also endangered staff and the surrounding community. The President of the FMC Carswell correctional officer union wrote Senator John Cornyn on April 7, 2020, to blow the whistle on BOP. She reported that seven staff members had contact with Ms. Circle Bear while she was symptomatic, but before test results confirmed she had COVID-19.<sup>8</sup> The staff had “not

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<sup>2</sup> See Letter from David Patton, *et al.*, to Hon. William P. Barr at 5-6 (Apr. 1, 2020) (“April 1 Federal Defender Letter”), <https://bit.ly/35NBGZy>; see also Letter from David Patton, *et al.*, to Hon. William P. Barr at 1 (“Mar. 19 Federal Defender Letter”), <https://bit.ly/35NdSW4>.

<sup>3</sup> Bureau of Prisons, *Update on COVID-19 and Home Confinement* (Apr. 5, 2020), <https://bit.ly/2WGxM0v> (“April 5 BOP Guidance”).

<sup>4</sup> Mem. from Hon. William P. Barr to Michael Carvajal, Director of the Bureau of Prisons at 1 (Apr. 3, 2020) (“April 3 AG Memo”), <https://bit.ly/3ciP5eV>.

<sup>5</sup> Nicholas Bogel-Burroughs & Vanessa Swales, *Prisoner With Coronavirus Dies After Giving Birth While on Ventilator*, N.Y. Times (Apr. 29, 2020), <https://nyti.ms/3duihji>.

<sup>6</sup> See Press Release, Bureau of Prisons, *Inmate Death at FMC Carswell* (Apr. 28, 2020) (“Inmate Death at FMC Carswell”), <https://bit.ly/2L8SzVn>; see also Michael Rothenberg, *The Federal Prisoner Transit System—aka ‘Diesel Therapy’—Is Hell*, The Marshall Project (Aug. 15, 2019), <https://bit.ly/2WiAMS1>.

<sup>7</sup> See Press Release, Sen. Dick Durbin, *Statement on Death of First Female Federal Inmate Due to COVID-19* (Apr. 29, 2020), <https://bit.ly/3fx9ZsF>.

<sup>8</sup> See Letter from Regina Warren, President AFGE Local 1006 to Sen. John Cornyn (Apr. 7, 2020), <https://bit.ly/2SNPMoR> (“Whistleblower Complaint”).

been given any guidance” about what personal protection equipment (“PPE”) was available, the “process of getting [PPE],” or “when/how to use [PPE].”

This failure is no outlier. In just over a month, forty-eight individuals in BOP custody have died from COVID-19.<sup>9</sup> COVID-19 is tearing through BOP facilities; incarcerated individuals are being infected at a rate more than 6.5 times higher than in the United States.<sup>10</sup> Despite this, BOP has transferred less than 1.5 percent of the over 174,000 individuals in its custody<sup>11</sup> to the relative safety of home confinement. These cold numbers are proof of the government’s abdication of its duty. That “moral and constitutional duty,” House Judiciary Committee Chairman Jerry Nadler has explained, requires DOJ to “prevent additional deaths among those who are detained or imprisoned under our laws.”<sup>12</sup>

Congress should not be fooled by DOJ and BOP’s empty promises. Federal judges around the country have used unusually blunt terms to describe the government’s behavior: “an outrage,”<sup>13</sup> “deliberate indifference,”<sup>14</sup> “Kafkaesque,”<sup>15</sup> “illogical,”<sup>16</sup> “alarming,”<sup>17</sup> “unfathomable,”<sup>18</sup> “offends the Court,”<sup>19</sup> and “shocking[.]”<sup>20</sup>

A court-ordered inspection and evaluation last week of the Metropolitan Detention Center (MDC) in Brooklyn, the largest pretrial BOP facility in the country, laid bare DOJ and BOP’s false claims about their response to COVID-19.<sup>21</sup> The former Chief Medical Officer of New York City’s

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<sup>9</sup> Bureau of Prisons, *COVID-19 Coronavirus Page* (last visited May 10, 2020), <https://bit.ly/2SOsQpe> (“BOP COVID-19 Website”).

<sup>10</sup> Federal Defenders of New York, *BOP-Reported Positive Tests for COVID-19 Nationwide* (last visited May 11, 2020), <https://federaldefendersny.org/>.

<sup>11</sup> See Joseph Neff & Keri Blakinger, *Few Federal Prisoners Released Under COVID-19 Emergency Policies*, The Marshall Project (Apr. 25, 2020), <https://bit.ly/2LbOTCj> (“Few Federal Prisoners Released”) (reporting individuals in BOP custody at the beginning of April); BOP COVID-19 Website (last visited May 10, 2020) (2,428 inmates are on home confinement).

<sup>12</sup> See Judiciary Committee-Democrats, Facebook (Apr. 30, 2:30 PM), <https://bit.ly/2LpR45n>.

<sup>13</sup> See Stewart Bishop, *NY Judge Rips ‘Terrible’ Conditions at NYC Federal Jails*, Law360 (May 5, 2020), <https://bit.ly/2WkV3GC>.

<sup>14</sup> *Wilson v. Williams*, ---F.Supp.3d---, 2020 WL 1940882, at \*8 (N.D. Ohio Apr. 22, 2020), *appeal filed*, No. 20-3447, 2020 WL 2120814 (6th Cir. Apr. 27, 2020).

<sup>15</sup> *United States v. Sparta*, ---F. Supp. 3d---, 2020 WL 1910481, at \*1 (S.D.N.Y. Apr. 20, 2020).

<sup>16</sup> *Casey v. United States*, No. 4:18-cr-4, 2020 WL 2297184, at \*2 (E.D. Va. May 6, 2020).

<sup>17</sup> *United States v. Rodriguez*, ---F.Supp.3d---, 2020 WL 1627331, at \*9 (E.D. Pa. Apr. 1, 2020).

<sup>18</sup> See *United States v. McIndoo*, ---F.Supp.3d---, 2020 WL 2201970, at \*8 (W.D.N.Y. May 6, 2020).

<sup>19</sup> *United States v. Amarrah*, No. 17-cr-20464, 2020 WL 2220008 (E.D. Mich. May 7, 2020).

<sup>20</sup> *United States v. Reid*, No. 17-cr-00175, 2020 WL 1904598, at \*3 (N.D. Ca., Apr. 18, 2020).

<sup>21</sup> Facility Evaluation: Metropolitan Detention Center COVID-19 Response, *Chunn v. Edge*, No. 1:20-cv-01590 (E.D.N.Y. Apr. 30, 2020).

Correctional Health Services wrote in his report he was “alarmed by the facility’s failure to implement simple procedures” consistent with Centers for Disease Control and Prevention (“CDC”) guidelines, and he concluded there were “multiple systemic failures” that placed incarcerated individuals and staff at grave risk.<sup>22</sup> In response, the MDC has changed nothing.

Federal correctional officers everywhere are speaking out in the press,<sup>23</sup> a national lawsuit,<sup>24</sup> and by filing complaints with the U.S. Occupational Safety and Health Administration (“OSHA”) about insufficient PPE, non-existent social distancing, and other deviations from CDC guidance.<sup>25</sup>

Under AG Barr’s watch, DOJ and BOP have ignored Congressional oversight,<sup>26</sup> court directives,<sup>27</sup> and whistleblowers.<sup>28</sup> DOJ and BOP have failed to fulfill their obligations to the American people, or to use the powers that Congress has given them. We urge Congress to take immediate and decisive action that does not rely on DOJ or BOP’s discretion.

Congress need not throw the prison gates open. It need only provide a simple, safe, and achievable solution: responsible releases, robust testing and reporting to identify COVID-19, and adequate procedures to prevent the spread of the virus among incarcerated individuals, staff, and their communities.

## **I. DOJ is Obstructing Responsible Release.**

We have twice written AG Barr to urge him to use “existing authority to take immediate and decisive action to both reduce the number of people entering federal detention and release individuals who are already incarcerated,” by: 1) suspending new arrests and reducing pretrial detention; 2) accelerating and expanding transfers to community and home confinement; and, 3)

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<sup>22</sup> *Id.* ¶¶ 1, 2.

<sup>23</sup> See, e.g., Keith L. Alexander & Dan Morse, *As Virus Spreads in Jails and Prisons, Correctional Officers Fear for Themselves and their Loved Ones*, Wash. Post (May 4, 2020), <https://wapo.st/3bec9Ks>; Luke Barr, *Over 5,000 Corrections Officers Have Contracted Covid-19*, ABC News (May 5, 2020), <https://abcn.ws/2zIB8hG> (“5,000 Corrections Officers Have Contracted Covid-19”).

<sup>24</sup> See, e.g., Complaint, *Braswell v. United States*, No. 20-cv-359, ECF No. 1 (U.S. Ct. Fed. Claims, Mar. 27, 2020), <https://bit.ly/2WmaQVz>.

<sup>25</sup> See, e.g., NACDL, *NACDL – 03-31-2020 OSHA Complaint re BOP brought by Council of Prison Locals 33 Union*, <https://bit.ly/35Lcu5W> (last visited May 3, 2020) (“National OSHA Compl.”); James Call, *Correctional Officers File Complaint about Coronavirus at Federal Prison in Tallahassee*, Tallahassee Democrat (Apr. 18, 2020), <https://bit.ly/3drQlfd> (“Correctional Officers File Complaint”).

<sup>26</sup> See April 1 Federal Defender Letter at 2 n.6; see also Letter from Hon. Jerrold Nadler & Hon. Karen Bass, to Hon. William P. Barr at 2 (Apr. 10, 2020), <https://bit.ly/2yy5nSy> (“April 10 House Judiciary Letter”); Letter from Sen. Richard J. Durbin & Chuck Grassley, to Hon. William P. Barr (Apr. 21, 2020), <https://bit.ly/2WhCvqM> (“Senate IG Letter”).

<sup>27</sup> See Respondent’s Status Report, *Wilson v. Williams*, No. 4:20-cv-794, ECF No. 49 (N.D. Oh. May 6, 2020) (BOP refusal to consider vulnerable individuals incarcerated at Elkton for furlough, despite court order to do so) (“Elkton BOP Status Report”).

<sup>28</sup> See, *supra*, n. 23-25; see also *Whistleblower Complaint*.

expanding the use of compassionate release.<sup>29</sup> Members of Congress have likewise pressed AG Barr and BOP Director Carvajal to “be as expansive as you can be regarding release.”<sup>30</sup> Neither has heeded these calls.

**Release under the Bail Reform Act.** In a memo dated April 6, 2020, AG Barr sent mixed signals to federal prosecutors on when to seek pretrial detention during the COVID-19 pandemic. Though he acknowledged the risk of detaining vulnerable individuals with underlying health conditions, in the same breath, he directed prosecutors to remain “faithful” to the Bail Reform Act and their “duty to protect the public . . . from contagion spread by someone released from our custody.”<sup>31</sup> In short: if you are unlucky enough to be exposed to COVID-19 at your detention facility, the government will oppose your release. Unsurprisingly, and in contrast with numerous state and local jurisdictions,<sup>32</sup> DOJ continues to routinely oppose release, even in cases where the defendants have serious, undisputed medical conditions. In one jurisdiction, the government has agreed to release in only 8 out of 125 cases since March 16, 2020, where release was sought under the Bail Reform Act. Because of the grave risk to the individuals the government is fighting to keep detained, the danger of increasing—rather than lowering—prison populations and the data showing that higher release rates do not lead to more crime or flight,<sup>33</sup> Congress should act to impose a presumption of release under the Bail Reform Act, absent clear and convincing evidence that the individual poses a specific threat of violence.

**Transfer to Home Confinement.** The CARES Act authorized AG Barr to expand dramatically the use of home confinement to protect vulnerable individuals from COVID-19.<sup>34</sup> But rather than act swiftly, DOJ and BOP have issued guidance and memos,<sup>35</sup> each “more confusing than the next,”<sup>36</sup> that together establish a “complex set of procedural and logistical hurdles to home confinement.”<sup>37</sup>

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<sup>29</sup> See Mar. 19 Federal Defender Letter; April 1 Federal Defender Letter.

<sup>30</sup> April 10 House Judiciary Letter.

<sup>31</sup> Mem. from the Attorney General, *Litigating Pre-Trial Detention Issues During the COVID-19 Pandemic* (Apr. 6, 2020), <https://bit.ly/2zqMGzY> (“April 6 AG Memo”).

<sup>32</sup> March 19 Federal Defender Letter at 3 n. 8.

<sup>33</sup> *Id.* at 4 n. 10.

<sup>34</sup> See CARES Act § 6002 at Div. B, Tit. II, Sec. 12003(b)(2).

<sup>35</sup> See March 26 AG Memo; April 3 AG Memo; April 6 AG Memo; see also Apr. 22 BOP Memo; Bureau of Prisons, *Frequently Asked Questions Regarding Potential Inmate Home Confinement in Response to the COVID-19 Pandemic* (archived Apr. 18, 2020), <https://bit.ly/2yKLkN>; April 5 BOP Guidance; Mem. from David Brewer, BOP Acting Senior Deputy Assistant Director, *Furlough and Home Confinement Additional Guidance* (undated) (archived on April 16, 2020), <https://bit.ly/3dujxCJ>.

<sup>36</sup> See Holly Harris, *Opinion: Blame the Justice Dep’t for Andrea Circle Bear’s Death*, N.Y. Times (May 3, 2020), <https://nyti.ms/2yyeNxp>.

<sup>37</sup> April 1 AG Memo at 2.

Altogether, the guidance is “muddled and arbitrary, bearing little connection to the enormity of the crisis or threat to public safety.”<sup>38</sup>

*Confused standards.* The byzantine criteria in these often contradictory memos have caused chaos and uncertainty within BOP and DOJ. For example, nearly a month after AG Barr’s first memo, the government could not explain the program in response to a federal court, citing “ongoing uncertainty surrounding the home-confinement eligibility criteria.”<sup>39</sup> That court ultimately ordered the defendant’s immediate release: “in light of [DOJ’s and BOP’s] ever-changing guidelines,” the court could “not allow” the defendant to be “endangered for one more day” in BOP custody.<sup>40</sup> Confused and contradictory standards have cruelly resulted in situations where families, informed that a loved one will be transferred to the relative safety of home, are turned away when they arrive at prison gates, and told their loved one is no longer eligible for home confinement.<sup>41</sup>

We are also concerned that these confused standards will disproportionately harm racial and ethnic minorities. On April 28, 2020, Senator Amy Klobuchar and Senator Dick Durbin, joined by fifteen other senators, wrote to Director Carvajal to “urge the [BOP] to release critical demographic data” in light of “preliminary data that has shown COVID-19’s disproportionate impact on certain populations, including racial and ethnic minorities.”<sup>42</sup> In our April 1 letter to AG Barr, we also warned that arbitrary release policies could have a racially disparate impact.<sup>43</sup> It is critical that BOP heed these calls, and promptly release demographic data to ensure racial fairness.

*Failure to act.* Certain data—produced by BOP in civil litigation—confirms that the government has not effectively reduced prison populations. For example, an Ohio court recently ordered BOP to identify immediately the most vulnerable individuals incarcerated at Elkton Federal Correctional Institution—one prison hardest hit by the COVID-19 crisis—and to then evaluate each individual’s eligibility for transfer.<sup>44</sup> Two weeks later, BOP admitted that it had moved none of the 837 identified high-risk individuals into home confinement; only five were “pending” placement”; 72 were “being

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<sup>38</sup> See Lisa Freeland, David Patton & Jon Sands, *We’ll See Many More Covid-19 Deaths in Prisons if Barr and Congress Don’t Act Now*, Wash. Post (Apr. 6, 2020), <https://wapo.st/2WfTSoN>.

<sup>39</sup> See Letter filing by United States Attorney for the S.D.N.Y., *United States v. Haena Park*, 16-cr-473, ECF No. 72 (S.D.N.Y. Apr. 24, 2020).

<sup>40</sup> *United States v. Park*, No. 16-CR-473 (RA), 2020 WL 1970603, at \*5 (S.D.N.Y. Apr. 24, 2020).

<sup>41</sup> See Neena Satija and Matt Zapotosky, *Amid Coronavirus Pandemic, Federal Inmates Get Mixed Signals About Home-Confinement Releases*, Wash. Post (Apr. 24, 2020), <https://wapo.st/3c4TvWz>; Joseph Neff and Keri Blackinger, *Few Federal Prisoners Released Under COVID-19 Emergency Policies*, The Marshall Project (Apr. 25, 2020), <https://bit.ly/2zdqUz>; see also Decl. Dianthe Martinez Books, *Jerdine v. Barr*, 20-cv-00569, ECF No. 1-3 ¶ 26 (D. Ohio Apr. 26, 2020).

<sup>42</sup> Letter from Sen. Amy Klobuchar to Dir. Carvajal (Apr. 28, 2020), <https://bit.ly/2YQG4a>.

<sup>43</sup> April 1 Defender Letter at 10.

<sup>44</sup> See *Wilson v. Williams*, ---F.Supp.3d---, 2020 WL 1940882, at \*10 (N.D. Ohio Apr. 22, 2020).



further evaluated”; and the remainder—760 individuals—did not qualify.<sup>45</sup> Reports from other institutions repeat the same pattern.<sup>46</sup>

*Counterproductive quarantine.* Even if a person is identified as eligible for home confinement, BOP places them in further danger with its ill-conceived, pre-transfer, 14-day quarantine policy. This policy has needlessly exposed incarcerated persons, staff, and the community to infection. That is because BOP has adopted a “group quarantine” approach in which “many inmates . . . on the cusp of relief to home confinement” are “housed together in close quarters for at least 14 days.” Individuals are not tested before being placed on quarantine, allowing the asymptomatic sick to infect the healthy.<sup>47</sup> A judge explained that “[t]his is an illogical and self-defeating policy . . . ungrounded in science, and a danger to both [the inmate] and the public health of the community.”<sup>48</sup> Last week, Senators Durbin and Grassley met with AG Barr, who assured them that “it’s possible for some low-risk inmates being released to serve a 14-day quarantine in home confinement instead of in prison.”<sup>49</sup> There is no reason to believe these words will translate into action. AG Barr made the same promise on April 3,<sup>50</sup> but weeks later, his attorneys told a court that BOP “has not and will not” consider quarantine outside of BOP.<sup>51</sup>

Due to the failure of DOJ and BOP to use their authority to decrease the prison population through responsible transfers to home confinement, Congressional action is needed to provide courts with broader tools to order the release or transfer—even temporarily—of individuals already sentenced.

**Compassionate Release.** Despite repeated Congressional directives that DOJ use compassionate release expansively during this crisis,<sup>52</sup> BOP facilities have refused to accept or review compassionate release requests<sup>53</sup> and prosecutors have adopted a nearly default opposition to release.

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<sup>45</sup> See Elkton BOP Status Report at 2.

<sup>46</sup> See, e.g., Decl. of Juan Segovia, *Livas v. Myers*, 2:20-cv-422-TAD, ECF No. 8-1 (W.D. La. Apr. 10, 2020), <https://bit.ly/2Lceyus> (Warden’s report that BOP had given FCI Oakdale a list of just 58 individuals (of 1,853) meeting the baseline criteria of release. As of April 10, 2020, only six were approved for release).

<sup>47</sup> *United States v. Separta*, — F. Supp. 3d —, 2020 WL 1910481, at \*3 (S.D.N.Y. Apr. 20, 2020).

<sup>48</sup> *Id.*

<sup>49</sup> Press Release, Sen. Chuck Grassley, *Grassley, Durbin Statement Following Phone Call with AG Regarding Federal Prison System Efforts to Combat COVID-19* (May 6, 2020), <https://bit.ly/3coFBPk> (“May 6 Grassley Press Release”).

<sup>50</sup> April 3 AG Memo at 2.

<sup>51</sup> See *Scarpa*, 2020 WL 1910481, at \*1 (FCI Butner).

<sup>52</sup> Defender April 1 letter at 9 n. 57.

<sup>53</sup> See, e.g., Decl. Kenneth Cassidy, *Martinez-Brooks v. Easter*, No. 20-cv-0569, ECF No. 1 ¶¶ 18, 25 (Danbury) (Apr. 27, 2020), <https://bit.ly/3dx7g0E> (“Danbury Decl.”).

Thanks to the First Step Act of 2018 (“FSA”),<sup>54</sup> defendants no longer must depend on BOP to initiate a motion for compassionate release. This change came after BOP allowed the compassionate release program to languish for decades.<sup>55</sup> Post-FSA, defendants may file a motion directly with the court after administrative exhaustion, or the lapse of 30 days from the warden’s receipt of a request, whichever is earlier.<sup>56</sup> The waiting period, coupled with obstruction by prosecutors in the courts, have combined to prevent vulnerable defendants from obtaining critical relief during the COVID-19 crisis. While 30 days may have seemed reasonable in normal times, such a delay is intolerable for a disease that can go from asymptomatic to fatal in less than a week.<sup>57</sup>

These hurdles to relief have become nearly insurmountable during the COVID-19 crisis. Certain facilities have inexplicably refused even to accept or consider requests for relief.<sup>58</sup> Just as before, BOP refuses to file motions on defendants’ behalf: after a survey of the field, we are not aware of a single BOP-initiated motion for compassionate release during the crisis.<sup>59</sup> On the rare occasion that BOP responds to internal requests for compassionate release, it claims that COVID-19 vulnerability is not a sufficient basis for compassionate release.<sup>60</sup> BOP’s recent report in the FCI Elkton litigation demonstrates its cramped view: of the 836 individuals at heightened risk identified by BOP, it claimed that only one “met the criteria” for compassionate release.<sup>61</sup>

BOP’s obstruction has been compounded by DOJ’s opposition to nearly all compassionate release motions during this crisis. DOJ argues that the situation in BOP facilities is under control, and that people’s risk of contracting COVID-19 might *increase* if released.<sup>62</sup> The government has also disingenuously argued that compassionate release is unnecessary because of the promise of home

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<sup>54</sup> First Step Act of 2018, Pub. L. No. 115-391, § 603(b), 132 Stat. 5194, 5239 (2018)(amending 18 U.S.C. § 3582(c)(1)(A)).

<sup>55</sup> See, e.g., U.S. Dep’t of Justice Office of the Inspector General, *The Federal Bureau of Prisons’ Compassionate Release Program* (Apr. 2013), <https://bit.ly/2YOMm99>.

<sup>56</sup> 18 U.S.C. § 3582(c)(1)(A).

<sup>57</sup> See Cassidy McDonald, *Federal Prisons Confirm First Staff Death Linked to Coronavirus*, CBS News (Apr. 19, 2020) (describing USP Atlanta employee who died of COVID-19, after being tested, found asymptomatic, and cleared for entry to the facility less than a week earlier); *United States v. Gorai*, No. 218-CR-220, 2020 WL 1975372, at \*2 (D. Nev. Apr. 24, 2020); *United States v. Gross*, No. 15-CR-769, 2020 WL 1673244, at \*3 (S.D.N.Y. Apr. 6, 2020).

<sup>58</sup> See, e.g., *United States v. Reid*, No. 17-cr-175, 2020 WL 1904598, at \* 38 (N.D. Ca. Apr. 18, 2020); Order, *United States v. Tran*, 08-cr-197-DOC, ECF No. 405 (C.D. Cal. Apr. 10, 2020); Danbury Decl. ¶ 18, 25; Letter from Families Against Mandatory Minimums to AG Barr (Apr. 18, 2020), <https://bit.ly/2WgAquU>.

<sup>59</sup> Brief of Amici Curiae Ninth Circuit Federal and Community Defender Organizations in Support of Defender-Appellant, *United States v. Millage*, No. 20-30086, ECF No. 9-1, at 12 (9th Cir. Apr. 21, 2020).

<sup>60</sup> Warden Denial, *United States v. Petrossi*, 17-cr-192, SKT. 124-4 at Ex. D (M.D. Pa. Apr. 9, 2020).

<sup>61</sup> BOP Elkton Status Report at 3.

<sup>62</sup> See April 1 Letter at 6-7 n. 45; see also Gov’t Opp. at 17, *United States v. Cortez-Zelaya*, No. 17-10192, ECF No. 71 (9th Cir. May 3, 2020); Gov’t Resp. at 17-18, *United States v. Amarrah*, No. 5:17-cr-20464, ECF No. 194 (E.D. Mich. May 1, 2020); *United States v. Hammond*, No. 1:02-cr-294-BAH, ECF No. 51 (D.D.C. Apr. 16, 2020).

confinement, which rarely materializes.<sup>63</sup> We were pleased to see Senators Grassley's and Durbin's report that AG Barr had represented that "the COVID-19 pandemic will now be used as a basis for compassionate release."<sup>64</sup> But neither BOP nor AG Barr have given us reason to hope that this is anything but an empty promise.

Because of this fast-moving disease, defendants should be assured quick access to courts to assess the merits of their compassionate release claims. We ask Congress to suspend the procedural exhaustion and 30-day waiting provisions of 18 U.S.C. § 3582(c)(1)(A) during this pandemic.

## **II. DOJ is Failing to Mitigate the Spread of COVID-19 and is Obfuscating the Scope of the Crisis.**

Any serious effort to combat COVID-19 requires social distancing, testing and isolation of cases, and PPE. The government's refusal to reduce prison populations has made social distancing impossible. Testing, isolation, and PPE are thus even more critical, so BOP can effectively triage outbreaks and protect the staff and incarcerated persons who must face these dangers every day. But BOP's testing is inadequate, and it appears to be incapable of providing sufficient PPE.

**Failure to Test.** To hear it from DOJ and BOP, all is well and under control. In April, BOP Director Carvajal touted BOP's "remarkably low" rate of infection, claiming that "the low number of cases to this point, in a system this large, is a testament to our effective planning and execution-to-date."<sup>65</sup> In the 60 days since he made those remarks, the number of positive cases reported for staff and incarcerated individuals have ballooned to 4,552.<sup>66</sup> Despite this, BOP's message remains unchanged: Just last week, Director Carvajal boasted that "only 51 of our institutions—less than half—have been affected by COVID-19," and that "only 15 have an outbreak with more than 20 active lab-confirmed positive inmate cases."<sup>67</sup>

Congress should not place much faith in these representations, and Senators Dick Durbin and Chuck Grassley have asked the Inspector General to confirm their accuracy.<sup>68</sup> Testing at BOP facilities varies wildly, and any facility that self-reports zero cases may simply not be testing for this

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<sup>63</sup> See, e.g., *United States v. Park*, No. 16-CR-473, 2020 WL 1970603, at \*5 (S.D.N.Y. Apr. 24, 2020).

<sup>64</sup> May 6 Grassley Press Release.

<sup>65</sup> Bureau of Prisons, *Statement from BOP Director: BOP Response to COVID-19 Pandemic* (Mar. 26, 2020), <https://bit.ly/35L9Kpt>.

<sup>66</sup> BOP COVID-19 Website (this number is a sum of *all* confirmed positive tests nationwide, including deaths, those with "active" confirmed positive test results, and those who have "recovered") (last visited May 11, 2020).

<sup>67</sup> *Dir. M.D. Carvajal Addresses All Staff*, 3:17 (May 6, 2020), <https://bit.ly/2zlGvNM>.

<sup>68</sup> See Letter from Sen. Durbin and Sen. Grassley to DOJ Insp. Gen. Horowitz 2-3 (Apr. 21, 2020), <https://bit.ly/3cjEdgF>.

virus.<sup>69</sup> In at least one facility, BOP has declared all inmates presumptively infected, stopped testing altogether, and has refused to release infection estimates.<sup>70</sup>

Nor has BOP implemented a systemic testing and isolation protocol for staff. A BOP spokesperson confirmed this, explaining that “staff are typically tested in the community.”<sup>71</sup> There has been at least one report that BOP denied health and safety leave to a correctional officer after he tested positive for COVID-19, and instructed him to return to work if he was fever-free for 72 hours, with no testing to confirm whether he was still contagious.<sup>72</sup>

Even if the low rates of infection are accurate, they change quickly. Because of how quickly COVID-19 spreads in prison, facilities with zero cases can become deadly hotspots within a matter of days. On March 24th, Butner Medium FCI reported its first case. By April 14th, four incarcerated individuals had died and 46 were confirmed infected.<sup>73</sup> By May 9, 7 had died, and there had been 291 confirmed positive tests.<sup>74</sup> And, despite BOP’s “precautions,” the virus has now infected Butner’s medical center, which houses extremely medically vulnerable inmates. On April 3, while the outbreak was worsening, the government opposed a motion for release from the facility, citing BOP’s generic COVID-19 policies.<sup>75</sup> This pattern has repeated itself at FCI Terminal Island, Elkton, Oakdale, Fort Worth and the Metropolitan Correctional Center in Chicago.<sup>76</sup>

BOP cannot identify and isolate individuals infected with COVID-19 without large-scale testing.<sup>77</sup> Out of 2,700 tests conducted nationwide by the BOP, nearly 2,000 came back positive—roughly 70 percent.<sup>78</sup> Last week, the Council of Prison Locals (CPL) called on BOP to “immediately conduct mass testing of all employees and incarcerated people.”<sup>79</sup> CPL warned that “[a]nything less than

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<sup>69</sup> See *United States v. Asaro*, 2020 WL 1899221, at \*3 (E.D.N.Y. Apr. 17, 2020).

<sup>70</sup> Nicholas Chrastil, *Louisiana Federal Prison No Longer Testing Symptomatic Inmates for Coronavirus due to ‘Sustained Transmission,’* The LENS (Mar. 31, 2020), <https://bit.ly/2AbNA3P>.

<sup>71</sup> Barr, *5,000 Corrections Officers Have Contracted COVID-19*.

<sup>72</sup> See AFGE, *A BOP Officer Contracted Coronavirus. He was Told to Return to Work ASAP* (May 4, 2020), <https://bit.ly/35KSCjA>.

<sup>73</sup> Federal Bureau of Prisons, *BOP: COVID-19 Update* (archived copy, Apr. 14, 2020), <https://bit.ly/2LerakY>.

<sup>74</sup> BOP COVID-19 Website (last visited May 9, 2020) (number of “confirmed positive” tests is the sum of all cases reported by BOP).

<sup>75</sup> See *United States v. Rumley*, No. 4:08-cr-00005-JLK-JCH, Doc. 185, at 4-7 (W.D. Va. Apr. 3, 2020).

<sup>76</sup> See *United States v. Segal*, No. 1:18-CR-0733, Doc. 48, at 7-8 (N.D. Ill. May 4, 2020).

<sup>77</sup> See Apoorva Mandavilli, *Infected but Feeling Fine: The Unwitting Coronavirus Spreaders*, N.Y. Times (Mar. 31, 2020), <https://nyti.ms/2SKEaTm>.

<sup>78</sup> Michael Balsamo, *Over 70% of Tested Inmates in Federal Prisons have COVID-19*, AP News (Apr. 29, 2020), <https://bit.ly/2WNrsEy> (“70% of tested inmates”).

<sup>79</sup> ACLU, *ACLU and Council of Prison Locals Call for Mass Testing of All Employees and Incarcerated People as Over 5,000 Correctional Officers Test Positive for COVID-19* (May 7, 2020), <https://bit.ly/35HSz8h>.

immediate drastic action” would demonstrate a “lack of regard for the lives of tens of thousands of correctional professionals and millions of incarcerated individuals and their families.”<sup>80</sup>

BOP’s announcement on May 7, 2020 that it plans to expand testing provides little consolation.<sup>81</sup> While promising expansion, the press release does not explain the scope of the enhancement. Nor does it mention any plan to test staff. BOP practices in its contract-private prisons are similarly opaque. It took weeks for BOP to report COVID-19 cases in privately run prisons: the data was not posted on its website until May 7, 2020.<sup>82</sup> It has yet to report how many individuals incarcerated in private prisons have been tested, or how many staff have been tested or confirmed positive.

Failure to test has long-term implications. Absent robust, universal testing, incarcerated individuals cannot safely access counsel, the courts, and programming.

***Failure to Protect.*** Not only is BOP failing to identify positive cases, it is failing to prevent the spread of disease through basic measures like adequate PPE. In the CARES Act, Congress dedicated \$27 billion to purchasing PPE to protect first responders from infection.<sup>83</sup> On April 10, 2020, Director Carvajal told federal prison employees: “[L]et me assure you, we have a sufficient quantity of personal protective equipment.”<sup>84</sup> Employees around the country tell a different story.

Staff and inmates are desperate for PPE. After a serious outbreak at Lompoc USP in California, the facility “is still not receiving sufficient [PPE].”<sup>85</sup> Officers and staff are “reportedly sleeping in their cars to avoid the potential transmission of the disease to their loved ones at home.”<sup>86</sup>

Even at facilities with facemasks, “officers worry that the PPE they’ve been given isn’t adequate to protect them from daily contact with inmates, especially at facilities where dozens have tested positive.”<sup>87</sup> The union representing officers and staff at FCI Tallahassee filed an OSHA complaint because, after “[w]eeks of requests from the . . . labor union, . . . officers were supplied with what

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<sup>80</sup> *Id.*

<sup>81</sup> Bureau of Prisons, *Bureau of Prisons to Expand Rapid Testing Capabilities* (May 7, 2020), <https://bit.ly/2zjLcb1>.

<sup>82</sup> Joseph Neff, *Why Did It Take the Feds Weeks to Report COVID-19 Cases in Privately Run Prisons*, The Marshall Project (May 8, 2020), <https://bit.ly/2YMuISF>; see also Bureau of Prisons, *Privately-Managed Prisons*, <https://bit.ly/3blTJau> (last visited May 9, 2020).

<sup>83</sup> Rep. Greg Walden, *CARES Act Delivers on our Health Care Needs in a Big Way*, The Hill (Mar. 27, 2020), <https://bit.ly/2WDsliv>.

<sup>84</sup> Michael Carvajal, *Dir. M.D. Carvajal Addresses All Staff*, 0:45 (Apr. 10, 2020).

<sup>85</sup> Letter from Rep. Carvajal, Sen. Harris, and Sen. Feinstein to Director Carvajal 1 (Apr. 21, 2020), <https://bit.ly/2Admo4P> (“Feinstein Letter”).

<sup>86</sup> *Id.* at 1.

<sup>87</sup> Balsamo, *70% of Tested Inmates*.

they call counterfeit N95 masks” that “lacked the label and design that the [CDC] says a legitimate mask should have.”<sup>88</sup>

A separate OSHA complaint filed by CPL says that BOP’s failures are “proliferating the spread of” COVID-19 “both within our prison system and to our surrounding communities,” and is “expected to result in death and severe health complications and/or possible life-long disabilities.”<sup>89</sup>

Specifically, the complaint alleges that BOP has failed to provide proper PPE to staff transporting “hospitalized inmates testing positive for the virus” and that BOP has failed to provide sufficient air filtration and other controls to minimize the spread of the virus.<sup>90</sup>

We entreat Congress to take immediate action. Action to protect incarcerated individuals, prison employees, and our communities by requiring DOJ and BOP to implement basic and humane measures to prevent the spread of COVID-19 at all federal detention facilities. Action to prevent prosecutors from needlessly opposing the release of vulnerable individuals who pose no specific threat of violence. And action to allow courts to release responsibly or transfer temporarily at-risk individuals to the safety of the community.

Sincerely,

/s/

David Patton

Executive Director, Federal Defenders of New York  
Co-Chair, Federal Defender Legislative Committee

/s/

Jon Sands

Federal Public Defender for the  
District of Arizona  
Co-Chair, Federal Defender Legislative Committee

/s/

Lisa Freeland

Federal Public Defender for the  
Western District of Pennsylvania  
Chair, Defender Services Advisory Group

cc: Hon William G. Barr, Attorney General  
Mr. Michael Carvajal, Director, Federal Bureau of Prisons

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<sup>88</sup> Call, *Correctional Officers File Complaint*.

<sup>89</sup> National OSHA Compl.; see Courtney Buble, *Federal Prisons Pose ‘Imminent Danger’ in Spreading COVID-19, Union Says*, Government Executive (Apr. 6, 2020), <https://bit.ly/2YSMKDD>.

<sup>90</sup> National OSHA Compl.

Chairman Lindsay Graham, United States Senate Committee on the Judiciary  
Ranking Member Dianne Feinstein, United States Senate Committee on the Judiciary  
Sen. Joshua D. Hawley, Chair, Crime Subcommittee  
Sen. Sheldon Whitehouse, Ranking Member, Crime Subcommittee

Chairman Jerrold Nadler, United States House Committee on the Judiciary Ranking  
Member Jim Jordan, United States House Committee on the Judiciary  
Hon. Karen Bass, Chair, Crime Subcommittee  
Hon. John Ratcliffe, Ranking Member, Crime Subcommittee

## EXHIBIT C



# Individualized Reentry Plan - Program Review (Inmate Copy)

SEQUENCE: 01076607

Dept. of Justice / Federal Bureau of Prisons

Team Date: 06-24-2020

Plan is for inmate: SERRANO, ANTHONY 24637-050

Facility: LOR LORETTO FCI  
Name: SERRANO, ANTHONY  
Register No.: 24637-050  
Age: 46  
Date of Birth: 03-03-1974

Proj. Rel. Date: 04-30-2032  
Proj. Rel. Mthd: GCT REL  
DNA Status: NYM03059 / 08-09-2013

## Detainers

Detaining Agency	Remarks
NO DETAINER	

## Current Work Assignments

Fac	Assignment	Description	Start
LOR	ORDCEN 1DW	ORDERLY/CENTRAL ONE DAY WATCH	04-08-2020

## Current Education Information

Fac	Assignment	Description	Start
LOR	ESL HAS	ENGLISH PROFICIENT	02-24-2003
LOR	GED HAS	COMPLETED GED OR HS DIPLOMA	10-30-2003

## Education Courses

SubFac	Action	Description	Start	Stop
LOR	C	LIFE COACH - FCI	11-19-2019	01-09-2020
LOR	C	GETTING IT RIGHT/PRE-RELEASE	11-20-2019	12-30-2019
BUF	C	INTRODUCTION TO HOBBYCRAFT	03-27-2016	03-27-2016
BUF	C	WELLNESS SPINNING CLASS	06-01-2018	06-01-2018
BUF	C	LANGUAGE ARTS LITERACY FAIR	02-06-2018	02-13-2018
BUF	C	INTRO TO EDUCATION	12-14-2017	12-26-2017
SCH	C	APPROPRIATE WRK HABITS	08-06-2015	09-30-2015
SCH	C	BUSINESS PLANS TWO	08-04-2015	09-30-2015
SCH	C	MAKING GOOD DECISIONS	09-10-2015	09-30-2015
SCH	C	ACE SMALL BUSINESS	09-08-2015	09-29-2015
SCH	C	DRUG EDUCATION - RPP 6	08-13-2015	10-02-2015
SCH	C	ACE BUSINESS PLANS	07-07-2015	07-31-2015

## Discipline History (Last 6 months)

Hearing Date	Prohibited Acts
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\*\* NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS \*\*

## Current Care Assignments

Assignment	Description	Start
CARE1	HEALTHY OR SIMPLE CHRONIC CARE	12-21-2017
CARE1-MH	CARE1-MENTAL HEALTH	04-09-2015

## Current Medical Duty Status Assignments

Assignment	Description	Start
C19-T NEG	COVID-19 TEST-RESULTS NEGATIVE	04-15-2020
LOWER BUNK	LOWER BUNK REQUIRED	12-21-2018
NO PAPER	NO PAPER MEDICAL RECORD	02-26-2015
REG DUTY W	REGULAR DUTY W/MED RESTRICTION	05-23-2019
YES F/S	CLEARED FOR FOOD SERVICE	01-13-2020

## Current Drug Assignments

Assignment	Description	Start
ED COMP	DRUG EDUCATION COMPLETE	10-02-2015

## FRP Details

Most Recent Payment Plan
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**Individualized Reentry Plan - Program Review (Inmate Copy)**

SEQUENCE: 01076607

Dept. of Justice / Federal Bureau of Prisons

Team Date: 06-24-2020

Plan is for inmate: SERRANO, ANTHONY 24637-050

**Most Recent Payment Plan**

FRP Assignment: COMPLT FINANC RESP-COMPLETED Start: 03-19-2003

Inmate Decision: AGREED \$25.00 Frequency: QUARTERLY

Payments past 6 months: \$0.00 Obligation Balance: \$0.00

**Financial Obligations**

No	Type	Amount	Balance	Payable	Status
1	ASSMT	\$100.00	\$0.00	IMMEDIATE	COMPLETEDZ
** NO ADJUSTMENTS MADE IN LAST 6 MONTHS **					
2	FINE	\$500.00	\$0.00	IMMEDIATE	COMPLETEDZ
** NO ADJUSTMENTS MADE IN LAST 6 MONTHS **					

**Payment Details**

Trust Fund Deposits - Past 6 months \$2,414.32

Payments commensurate? N/A

New Payment Plan:

\*\* No data \*\*

**Progress since last review**

Inmate Serrano has not participated in any programming since last review. He has been incident report free since 2016. He has obtained both his birth certificate and SS card since last review.

**Next Program Review Goals**

Recommend completing Serv-Safe Certification program by 12/20.

**Long Term Goals**

Recommend completing Criminal Thinking and Parenting by 06/21.

**RRC/HC Placement**

No.  
Management decision - will review 17-19 months prior to PRD.

**Comments****Finance/Poverty Need Screen**

Is there documentation in the PSR of any of the following?

- Any history of Bankruptcy
- No bank account
- ☒ No assets nor liabilities noted in PSR
- Debts noted in Credit Report or other sources
- Tax Liabilities/back taxes
- Unpaid alimony/child support
- other indications of lack of financial management skills (specify)

YES ☒ NO \_\_\_\_\_ (if any of the above, check yes)

If the answer is yes, the inmate has a financial/poverty skills need.

Inmate (SERRANO, ANTHONY. Register No.: 24637-050)

Date

Unit Manager / Chairperson

Case Manager

Date

Date

## EXHIBIT D

**IN THE UNITED STATES DISTRICT COURT  
FOR THE  
SOUTHERN DISTRICT OF NEW YORK**

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ANTHONY SERRANO

Petitioner,

VS.

Case No.: S3 13-cr-00058-KBF-18

UNITED STATES OF AMERICA

Respondent.

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**ANTHONY SERRANO'S AFFIDAVIT IN SUPPORT OF MOTION FOR A  
REDUCTION IN SENTENCE PURSUANT TO THE FIRST STEP ACT  
AND THE CHANGES TO THE COMPASSIONATE RELEASE STATUTE  
AND 18 U.S.C. § 3582(c)(1)(A)(i)**

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1. I am Anthony Serrano the person in the attached motion for relief.
2. I have a 13-year old son named Jager who has no stable living environment, not a stable primary care provider.
3. Jager's mother Linda is currently on public assistance and is struggling to give him the care he needs.
4. If released I would be Jager's primary care provider.

Signed Under the Penalty of Perjury this

1 day of August 2020.

  
Anthony Serrano

## EXHIBIT E

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